

**EFFECTIVENESS OF GUIDED IMAGERY ON STRESS
AMONG SPOUSE OF ALCOHOLICS AT
DE ADDICTION WARD IN GOVERNMENT RAJAJI
HOSPITAL, MADURAI.**

**M.Sc (NURSING) DEGREE EXAMINATION
BRANCH - V MENTAL HEALTH NURSING
COLLEGE OF NURSING
MADURAI MEDICAL COLLEGE, MADURAI -20.**



A dissertation submitted to
**THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY,
CHENNAI - 600 032.**

In partial fulfillment of the requirement for the degree
MASTER OF SCIENCE IN NURSING

APRIL 2015

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CERTIFICATE

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ACKNOWLEDGEMENT

“Acknowledge him in all your ways and he shall direct your paths” -PRO 3:6

The satisfaction and pleasure that accompany the successful completion of any task would be incomplete without mentioning the people who made it possible, whose constant guidance and encouragement rewards, any effort with success. I consider it a privilege to express my gratitude and respect to all those who guided and inspired me in the completion of this study.

First of all I praise and thank **God Almighty** for heavenly richest blessings and abundant grace, which strengthened me in each and every step throughout this endeavor..

Gratitude calls never expressed in words but this only to deep perceptions, which make words to flow from one's inner heart.

I wish to acknowledge my sincere and heartfelt gratitude to **all my well wisher's** for their continuous support, strength and guidance from the beginning to the end of this research study.

I extend my sincere thanks to **Captain Dr.B.Santhakumar M.Sc (FSc), M.D,(F.M), PGDMLE., Dip.N.B(F.M)**, Dean, Madurai Medical College, Madurai for his acceptance and approval for the study.

I wish to express my deep sense of gratitude and heartfelt thanks to **Mrs. S.Poonguzhali M.Sc(N), M.A, M.B.A, Ph.D** Principal, College of Nursing, Madurai Medical College, Madurai for her guidance and suggestions to carry out the study.

I express my heartfelt and faithful thanks to **Mrs. S. Rajamani M.Sc (N), M.B.A., M.Sc (PSY), Ph.D**, Lecturer and Head of the Department of Mental Health Nursing, College of Nursing, Madurai Medical College, Madurai for her hard work,

efforts, interest and sincerity to mold this study in successful way, her easy approachability and understanding nature inspired me and she laid strong foundation on research. It is very essential to mention her wisdom and helping nature had made my research a lively and everlasting one.

My deep sense of gratitude to **Dr.T.Kumanan M.D., DPM.,** Professor and H.O.D, Department of psychiatry, Government Rajaji Hospital, Madurai, for his timely help and guidance.

I wish to express my sincere thanks to **Mr. N. Suresh kumar M.A., M.Phil.,** (Clinical psychologist) Assistant professor, Department of psychiatry, Government Rajaji Hospital, Madurai for his excellent guidance and support for the successful completion of the study.

I offer my earnest gratitude to all the **Faculty Members** of College of Nursing, Madurai Medical College, Madurai for their assistance and moral support.

I extend my sincere thanks to **Mr.Venkatesan M.Sc., PGDCA., Ph.D., Deputy Director of Medical Education, (statistics) Chennai,** for his expert advice and guidance in the course of analyzing various data involved in this study.

My heartfelt thanks to **Tmt. M.Saratha M.A (Tamil)** for translating tool in Tamil of the study.

My immense thanks to **Mr. T.Venkatesh M.Sc., B.Ed., M.Phil., M.A (English)** for translating tool and editing of the study.

I extent my thanks to my colleagues especially mental health nursing post graduate nursing students, and my lovable seniors.

I wish to express my sincere heartfelt thanks and gratitude to **Mr.S.Victor Devasirvadam M.Sc (N), Ph.D.,** for his valuable guidance and suggestions to carry out the study.

I am thankful to **Mr.S.Kalaiselvan, M.A., B.LISc.**, Librarian, College of Nursing, Madurai Medical College, Madurai for the guidance in referring the books and journals.

Words are beyond my expression for the meticulous effort of my dear father **Er. R.Sampath BE.**, my beloved mother **Mrs. S.Padmini** and **all my dear friends** for their unconditional love, constant encouragement, support and moral support throughout the study.

I extend my thanks to Laser Point staff **Mr.Sivaji** for doing editing, typing, printing and binding of my entire dissertation book on time.

Last but not least I thank all the spouse of alcoholic subjects who participated in this study and also for their cooperation throughout the study.

ABSTRACT

Title: Effectiveness of guided imagery on stress among spouse of alcoholics at De addiction ward in Government Rajaji Hospital, Madurai. **Objectives:** To assess the level of stress among spouse of alcoholics at de-addiction ward in Government Rajaji Hospital, Madurai. To evaluate the effectiveness of Guided Imagery on stress among spouse of alcoholics at de-addiction ward in Government Rajaji Hospital, Madurai. To associate the level of stress among spouse of alcoholics with their selected socio demographic variables. **Hypotheses:** There is a significant difference between the level of stress among the spouse of alcoholics before and after guided imagery. There is a significant association between the level of stress among the spouse of alcoholics with their selected socio demographic variables. Modified Roy's adaptation model was adapted for this study. **Methodology:** A pre experimental one group pretest posttest design was used. 40 spouse of alcoholics were selected by consecutive sampling method. The study was conducted at de addiction ward in Government Rajaji hospital, Madurai. Pretest was conducted by using DASS stress scale on the first day after obtaining consent from all the subjects then guided imagery given about 20 minutes –once a day for 7 consecutive days (total 7 sessions) to the subjects who were having stress as measured by the scores on DASS Stress scale. Posttest was assessed on seventh day by using the same DASS Stress scale. **Findings:** Guided imagery reduced the stress levels among the spouse of alcoholics in de addiction ward. There was a significant association between posttest level of stress and age, total income of family and type of family. **Conclusion:** Guided imagery is cost effective, noninvasive, non-pharmacological complementary and alternative therapy to reduce the level of stress among spouse of alcoholics.

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Introduction

CHAPTER I

INTRODUCTION

“Every man sees his second mother in his wife but every women sees her first child in her husband.”

Alcohol has been consumed in India for centuries. A number of mythological and religious books have highlighted the role it played in society. The pattern of drinking in India has undergone a change from occasional and ritualistic use to being a social event. Today, the common purpose of consuming alcohol is to get drunk. These developments have raised concerns about the health and the social consequences of excessive drinking.

Addiction to alcohol is a family problem and is a major source of stress for family members. Family disruption related to alcoholism is a serious, complex and pervasive social problem. Alcoholism is linked to violence, disrupted family roles, and impaired family communication and partly to physical and psychological illness that occurs not only to the alcoholic clients but also to their family members.

The World Health Organization (2012) shows that there are an estimated 140 million alcoholics around the world. Nearly 62.5 million alcohol users estimated to be in India. Worldwide consumption in 2005 was equal to 6.13 liters of pure alcohol consumed per person aged 15 years or older .The per capita consumption in India is 2 liters per adult per year. India is showing a phenomenal increase in alcohol consumption, with the initiation age on an alarming decrease. Due to its large population, India has become the third largest market for alcoholic beverages in the 14 world. Despite having a large proportion of lifetime abstainers (89.6%), per-capita consumption of alcohol in India has increased by 106.7% over 1970-1996.

The World Health Organization (WHO) estimated that the harmful use of alcohol results in approximately 2.5 million deaths each year, with a net loss of life of 2.25 million (WHO,2009). Thus, 4% of all deaths worldwide are attributable to alcohol. Alcohol consumption is the world's third largest risk factor for disease and disability, approximately 4.5% of the global burden of disease and injury is attributable to alcohol. Alcohol is a causal factor in 60 types of diseases and injuries and a component cause in 200 others. Alcohol consumption is estimated to cause 20 – 50% of cirrhosis of liver, epilepsy, poisonings, road traffic accidents, violence and several types of cancer.

A recent National Household Survey of Drug and alcohol Use in India, recorded alcohol use in 51% of adult males. The collective review reveals that nearly 30- 35% of adult men and approximately 5% of adult women consume alcohol (Male to Female ratio being 6:1). Nearly 1 of 3 adult males consumes alcohol in India. In Tamilnadu 25-26% of adult males consume alcohol and among them 68.3% were lifetime abstainers. The mean age of respondents at the initiation of alcohol consumption has decreased from 23.36 years in 1950-1960 to 19.45 years in 1980-1990. On regard of the Government Hospitals in the Madurai district, the Government Rajaji Hospital have an annual census of 5800 alcoholics were attending the outpatient department per month and an average of 70-84 patients were admitted in de-addiction ward per month.

Hence in India, the survey conducted reveals the problems associated with intake of alcohol, include, spousal assaults 62%, spousal abuse 50%, traffic fatalities 45%, child abuse 38%, rapes 32%, murders 49%, suicides 20%.in the percentages

listed, the weight age is much focused on the spousal abuse, and assaults .The need for handling the stress among the family members, and especially the wives who undergo, the psychological stress (2013).

Alcoholism in marriage, compulsive caretaking often grows alongside the deteriorating self-care of the compulsive drinker. An alcoholic spouse may neglect or abuse his or her family, deplete financial resources, and create legal problems for the family.

Alcohol abuse increases the feelings of marital distress. Individuals in marriages in which one or both spouses is an alcoholic report higher levels of marital distress or trouble than do married individuals who are not married to alcoholics.

Alcoholism is not simply an individual problem. Families often play a significant role in the "cause" and "cure" of alcohol abuse. For this reason, research shows that therapy that involves the spouse and possibly other family members is more helpful to overcoming alcoholism than is only treating the individual who has the alcohol problem.

Stress is a common problem that affects almost all of us at some point in our lives. Learning to identify when you are under stress, what is stressing you, and different ways of coping with stress can greatly improve both your mental and physical well being. Stress is of course unavoidable, and the point of stress reduction and stress reduction therapy is not to eliminate stress from our lives entirely. Life is always going to be full of challenges, and a life without some turmoil is not only impossible but is also undesirable.

SPOUSES OF ALCOHOLICS

Adults living close to a person with alcohol problems are highly affected by the problems: the alcoholism causes stress in the relationship, and being exposed to this kind of stress is highly detrimental. Alcohol misuse affects couples' relationships in a variety of negative ways, e.g. increased conflict, communication problems, poor sexual relations and domestic violence. (Velleman,1992; Tomori,1994; Hurcome et al., 2000).

Concern about the effect of alcoholism on wives, children in family and marital functioning has been frequently expressed by clinicians and by others in recent research literature. Apart from wives' disturbed personality model and coping behavior, efforts to understand and explain the emotional experience of wives of alcoholics are still lagging in his field.

Early studies of the wives of alcoholics in a family- agency setting described them as often equally as sick as their husbands with a need to dominate, to suffer, to punish, or to belittle their mates. Such a wife and frequently the daughter of an alcoholic father may also suffer from feelings of basic anxiety and inadequacy which can be denied or assuaged by feeling superior to her husband (Fox, 1998).

Women are emotionally more open than men to the concerns of their loved ones and therefore experience more distress in events that occur to that person and are therefore more vulnerable. To date efforts to understand and explain the experiences of wives of alcoholic's have generated three different perspectives. The earliest published **first model** (Futterman,1993) called the '**disturbed personality model**' held the view that a woman who is in some way psychologically maladjusted

dependent, hostile, domineering, masochistic and sadistic marries the alcoholic to fulfil her own neurotic needs.

In the 1950's a **second model** was proposed which stated that wives of alcoholic may display maladaptive behavior in response to their husband's drinking (Jackson, 1954)'. According to this position the wives' pathological behavior is an attempt to resolve the alcoholic crisis and to return the family to its former stability. The second model was called '**stress model**'.

Consequently a **third model** called **psychosocial model** (Orford and Guthrie, 1968) was evolved which stated that a broad variety of variables, including both personality and situational factors seem to be important (Tyler and Schafer, 1999).

In this chapter, an attempt is made to briefly review some of the important findings related to wives of alcoholic's especially the emotional disturbance they are facing and the factors leading to it. For the purpose of the present review, the significant findings and observations are written as follows:

1. Personality of wives of alcoholics.
2. Coping behavior in wives of alcoholics.
3. Stressful situations in wives of alcoholics.
4. Familial and marital interactions and children of alcoholics.
5. Wives response to alcoholism.

1. PERSONALITY OF WIVES OF ALCOHOLICS

Earlier only a few studies were carried out on wives of alcohol dependent individuals in the form of observation of wives who were directly involved in the treatment of alcohol dependent individuals in the family agency settings.

Lewis (1937) endeavored to link the wives personality to the husband's alcoholism. He believed that wives of alcohol dependent individuals found an outlet for aggressive impulses in their marital relationship with men who are dependent and force her to punish him. Both partners alternated between 'Masculine' and 'Feminine' roles.

Price (1945) after studying the personality of 20 wives of alcohol dependent individuals concluded that they are basically dependent people who became hostile or aggressive towards their husbands on finding them also dependent.

2. COPING BEHAVIOUR IN WIVES OF ALCOHOLICS

James and Goldman (1971) found out that the wives used all sorts of coping, they themselves were more quarrelsome, they felt angry, they felt helplessness on other occasions, they adopted a strategy of withdrawing, or avoiding the husband altogether, they had tried to get drunk themselves to show them what it was like or they had locked the husband out of the house.

3. STRESSFUL SITUATIONS IN WIVES OF ALCOHOLICS

It is frequently noted that the situation of having an alcoholic member in the family is a source of confusion and stress.

A study was conducted with One hundred spouses of alcoholics (experimental group) were selected whose husbands were taking treatment from S.S.L. Hospital of B.H.U., Presumptive stressful life event scale (PSLES) was used in the present investigation to assess the stressful life events of spouse of alcoholic. This scale is based on Holmes and Rahe's Social Readjustment Rating Schedule. 73.0 % wives of alcoholics were facing physical abuse while spouse of non-alcoholics were facing only 17 %. Different types of emotional problems present were 89 % in alcoholic's spouse while 32% present in spouse of non-alcoholic. Spouse of alcoholics had 68.0% financial problem whereas only 35% spouse of non-alcoholics were facing financial problem. This study brings to light on vulnerability of psychosocial stresses among wives of alcoholics. There is need for sustained and committed efforts to remove alcohol abuse as well as screening for spouse psychosocial Stress.

Montgomery and Johnson (1992) reported that historically wives of alcoholics have been described as having disturbed pathological personalities that were instrumental in maintaining their husband's drinking. More recently researches have tended to support the view that the behaviour of these women reflects their stressful circumstances. The women in the study reported interpersonal, extra personal and intra personal stressors. The most frequently reported and highest ranked stressor was their relationships with their husbands. Sobriety does not necessarily mean that stressors disappear.

4. FAMILIAN AND MARITAL INTERACTIONS AND CHILDREN OF ALCOHOLICS

The impact of an alcoholic behavior on the family, especially on wives and children is the primary focus of most researchers.

Clair and Genset (1970) found that children of alcoholic fathers as opposed to those of non-alcoholic fathers described their families as more dysfunctional and reported receiving less guidance than the others receive. They reported engaging in more avoidant coping behavior.

Drewery, J. and Rae (1969) 39 report that the interpersonal relationship between the alcoholic and his wife is characterized by a clear evidence of conflicting dependence- independence needs. The weight of the evidence favors the interpretation that it is the patient's neurotic difficulties rather than any psychopathology in his wife, which has determined the interpersonal dilemma.

5. WIVES' RESPONSES TO ALCOHOLISM

Husband's drinking also adversely affected the wives' health, such that wives suffered from various disorders such as insomnia, depression and neurosis.

Wives of alcoholics are always in stressful situation, which gives them frustration, agony, emotional disturbances and disturbed personality, emergence of matt etc. and gradually they become neurotic patients *or* develop personality or adjust mental problems. It is suggested that (a) non-help-seeking wives have strong egos; they may constitute a single personality type; (c) many of them view men as sadistic, and many develop preconscious hostility towards their husbands as stress reactions;

and (d) their ideal self-images reflect weariness with their dominant roles rather than a need to be dependent.

1.1 NEED FOR THE STUDY

Marital satisfaction is related strongly to a couple's ability to communicate effectively. But heavy alcohol use is associated with more negative and hostile communication, more expressions of anger, and less warmth and unity in the relationship. These factors decrease a couple's satisfaction in their marriage and create greater tension. Alcohol abuse decreases marital satisfaction because it decreases the drinking spouse's ability to participate in everyday household tasks and responsibilities. This inability leads to greater stress on the non-drinking spouse and decreases satisfaction in the marriage.

An adult's alcohol abuse also is related to children's increased social, emotional, behavioral, and academic problems, which, in turn, leads to more stress in the family and less marital satisfaction of their parents.

Differences between spouses in their drinking behaviors decrease marital quality and increase the likelihood of divorce. One reason for this increased likelihood is that drinking has an impact on the amount of time that partners spend together, especially if the alcoholic frequently drinks away from home. The more time spent apart, the less satisfied the spouse becomes and the greater the potential for divorce.

Level of stress may be dependent upon the extent to which the alcoholic and their spouse hold dissimilar perceptions about problems, the links between the drinker's own concerns and the pressure exerted by the spouse can be particularly troublesome when the individual's own evaluation is not supported by this partner.

With alcoholism and marriage, alcoholic spouses tend to use more negative and damaging communication (e.g., criticizing, blaming, and contempt), express more anger, and show lower levels of warmth when trying to solve a problem. This kind of negative communication discourages the use of positive problem solving skills such as open discussion and encouragement.

Life stressors are defined as relatively discrete life events or experiences that are perceived as exceeding the individual's resources and are perceived as a negative threat or harm. This definition refers to discrete life events that occur in the context of work, family e.g., separation, extramarital affair, or other interpersonal relationships e.g., moving to a new residence. There are several additional classes of stressors, including daily hassles e.g., waiting in lines, paying bills and chronic stressors e.g., racial discrimination, a family member's chronic medical condition, all of which may have some impact on an individual's psychological and physical well-being.

There is substantial evidence for the negative effects of alcohol misuse not only for the drinkers themselves, but also for their families. Alcohol is known as family disease because it is responsible for more family problems than any other single cause. Each member of the family may be affected by alcohol differently. Adjustment to an alcohol problem of husband may result in an increase in the family's emotional and physical illness and altered familial function. The most negatively affected family members are spouse and children of an alcoholic.

Identity of alcoholics spouse seems to lie solely in their status as wives of alcoholics. They have to endure years of isolation, blame of relatives, lack of friends, little money, violence, unsatisfactory sexual relations. The spouses of drinkers suffer

from elevated rates of depression, anxiety and somatic complaints, report low levels of relationship satisfaction, and often are subjected to verbal and physical abuse.

This study will help community health nurses, and psychiatric nurses to identify, various coping strategies adopted by wives of alcoholics and will help them to strengthen the healthy adaptive coping strategies and rectify the maladaptive coping strategies and help to perceive the stressful situations as manageable and challenging.

1.2 STATEMENT OF THE PROBLEM

A study to evaluate the effectiveness of guided imagery on stress among spouse of alcoholics at de-addiction ward in Government Rajaji Hospital, Madurai.

1.3 OBJECTIVES

- To assess the level of stress among spouse of alcoholics at de-addiction ward in Government Rajaji Hospital, Madurai.
- To evaluate the effectiveness of Guided Imagery on stress among spouse of alcoholics at de-addiction ward in Government Rajaji Hospital, Madurai.
- To associate the level of stress among spouse of alcoholics with their selected socio demographic variables.

1.4 HYPOTHESES

- **H1-** There is a significant difference between the level of stress among the spouse of alcoholics before and after guided imagery.
- **H2-** There is a significant association between the level of stress among the spouse of alcoholics with their selected socio demographic variables.

1.5 OPERATIONAL DEFINITIONS

EFFECTIVENESS:

In this study it refers to a successful positive outcome on stress as a result of guided imagery as measured by DASS Stress scale.

GUIDED IMAGERY:

In this study it refers to the term Guided imagery is the use of relaxation and mental visualization to improve mood and/or physical well-being .Guided imagery is simply the use of one's imagination to promote mental and physical health. It can be self-directed, where the individual puts himself into a relaxed state and creates his own images, or directed by others. When directed by others, an individual listens to a therapist, video, or audiotaped exercise that leads him through a relaxation and imagery exercise.

In this study it's given for 20 min once a day for seven consecutive days.

STRESS:

In this study it refers to the body's reaction to a change that requires a physical, mental or emotional adjustment or response. It can come from any situation or thought that makes frustrated, angry, nervous, or anxious faced by the spouse of alcoholics in their day today life as measured by DASS stress scale.

SPOUSE OF ALCOHOLICS:

In this study it refers to wives of alcoholics whose husbands are admitted at de-addiction ward in Government Rajaji Hospital, Madurai.

DE-ADDICTION WARD:

In this study it refers to institutions where the individuals are treated, who were addicted to alcohol and undergoing treatment at Government Rajaji hospital Madurai.

1.6 ASSUMPTION

- Spouse of alcoholics may experience a varying level of stress.
- Guided imagery may not induce any adverse reactions to the spouse of alcoholics.
- Spouse of alcoholics in stress were willing to participate and learn stress management and relaxation technique.

1.7 DELIMITATION

- The sample size is limited to 40 spouse of alcoholics.
- Data collection period is limited to 4-6 weeks

1.8 PROJECTED OUT COME

1. The study helps to identify the level of stress among spouse of alcoholics.
2. Guided imagery reduces stress among spouse of alcoholics.
3. The findings of the study helps the health care professional and significant others to practice guided imagery in the clinical setting or in other areas.

Review of
Literature

CHAPTER II

REVIEW OF LITERATURE

Books are companions, teachers, magicians, bankers of the treasures of the mind. Books are humanity in print.

-Barbara W Tuchman

Review of literature is a systematic identification, location, scrutiny and summary of written materials that contain information on research problems. The review of literature in a research report is a summary of current knowledge about a particular problem of practice and includes what is known and not known about the problem. The literature is reviewed to summarize knowledge for use in practice or to provide a basis for conducting a study.

- Hulmeand Grove's (1994).

This chapter explains in detail about the review of literature and conceptual framework used for the study. A literature review is a body of text that aims to review the critical points of current knowledge including substantive findings as well as theoretical and methodological contributions to a particular topic. Literature reviews are secondary sources, and as such, do not report any new or original experimental work. Also, a literature review can be interpreted as a review of an abstract accomplishment.

Literature review serves a number of important functions in research process. It helps the researcher to generate ideas or to focus on a research approach, methodology, meaning tools and even type of statistical analysis that might be productive in pursuing the research problem.

Review of literature in the study is organized under the following headings.

- **Literature related to stress among spouse of alcoholics**
- **Literature related to guided imagery on stress**
- **Literature related to guided imagery on stress among spouse of alcoholics**

2.1: LITERATURE RELATED TO STRESS AMONG SPOUSE OF ALCOHOLICS

Savita, sulekha, swatadadwal., (2014) conducted a descriptive study to assess the level of stress among 50 spouses of alcoholic men at ranipokhri community, Dehradun. Purposive sampling technique was used for selecting the samples and a modified four point likert scale was used to assess the stress level among spouse of alcoholics. The study results revealed that majority of the alcoholic wives, whose husband are victim of alcohol addiction (42.3% women; $M = 17.18$, $SD = 6.08$) were belongs to moderate level of stress.

Revathi S., (2010) conducted a cross sectional descriptive study to compare the psychosocial profile between the wives of alcoholics and non-alcoholics. Among wives of alcoholics admitted in selected de-addiction center of Chennai, Tamilnadu Consecutive sampling technique was used to select the sample of 200 Wives of Alcoholics (WOA) who were staying with their husbands during de-addiction treatment and 200 Wives of Non-Alcoholics (WONA) visitors of the alcoholics. Psychosocial profile was measured in the areas of psychological distress, Quality of Life (QOL) and social support using General health questionnaire. The study findings revealed that the mean scores of psychological distress were significantly high among the wives of alcoholics ($M = 9.46$, $SD = 7.84$) than that of the wives of non-alcoholics ($M = 5.11$, $SD = 3.24$).

Sreevani.R, Violet Jayamani.J, Rajathi Brinda.G (2010) conducted a comparative study to assess the stress levels among wives of alcoholics and non-alcoholics at hanumanahalli village, Kolar district. A sample of sixty, 30 wives of alcoholics and 30 wives of non-alcoholics was selected by using purposive sampling technique. The stress level were measured by Perceived Stress Scale (PSS) with the help of Interview Technique. The study data reveals that there is a significant difference ($X^2 = 21.418$, $df = 1$, $p < .05$) between the stress level scores of the wives of alcoholics and the wives of non-alcoholics ($x = 9.180$, $df = 1$, $p < .05$).

Ranjana Tiwari, A.S. Srivastava, S.S. Kaushik. (2010) conducted a descriptive study to examine the stress level of the wives of alcoholics it revealed that five to seven times more prevalent for clinically elevated aggression and substantially more frequent—for the alcoholic husbands and their wives than for a demographically matched, nonalcoholic comparison sample. Verbal aggression was greater when the alcoholic husband drank more frequently Further, frequency of drinking was positively correlated with verbal aggression.

Dawson, D.A. (2007) conducted a cross-sectional, retrospective survey to examine the association between partner alcohol problems and selected physical and mental health outcomes among married or cohabiting women. The samples consisted of ($N=11,683$) to assessed mental health measures (DSM-IV mood and anxiety disorders), number of past-year stressors, and SF-12v2-based mental/psychological quality of life. The study result showed that at the bivariate level, women whose partners had alcohol problems were more likely to experience victimization, injury, mood disorders, anxiety disorders, and being in fair or poor health than women whose

partners did not have alcohol problems. They also experienced more life stressors ($P < 0.05$) and had lower mental/psychological quality-of-life scores.

Tempier.R. et al, (2006) conducted a retrospective study on the consequences of the mental health of spouses of alcoholics. A retrospective analysis was conducted using data from a Quebec community health survey. The purpose of this study was twofold. First, the goal was to ascertain the mental health of female spouses living with a male lifetime at-risk drinker. Secondly, was to examine the relationship between male lifetime at-risk drinkers (aged 30-54 years) and the psychological distress of their non-drinking female spouses. The study confirmed higher levels of psychological distress in female spouses of male lifetime at-risk drinkers in the general population. An exploratory study examined the association between the psychological distress of female spouses and each of the following nine independent variables: male partner lifetime at-risk drinker, stressful life events, job situation, socioeconomic status, perceived health status, presence of children less than 15 years, length of the marital relationship, presence of a confidant, and availability of social support. (22[CI 95% 7 to 46]%) spouse's psychological distress has risk factor for Lifetime at-risk drinking.

Sreedevi.M, H.M Gangadhariah & V.Benegal (2001) conducted an explorative study to explore the problem of domestic violence experienced by wives of alcohol dependent individuals. The study was carried out in de-addiction centre in NIMHANS, Bangalore. The results indicate that intellectual violence was the commonest variety of violence (69%) followed by emotional violence (58.6%) and social violence (57.8%). Physical violence was found in 47% of the women and economic violence in 41.6%. The least commonly reported violence was sexual

violence (27.4%). High levels of stress were seen in wives of alcoholics. Wives with higher levels of domestic violence showed higher level of stress. The major coping styles adopted were avoidance (53%), discard (51.5%), fearful withdrawal (40.4%) and sexual withdrawal (25.8%).

Kalarani et al. (1997) conducted a descriptive study to identify the contribution of the husband's alcoholism on the spouse's stress proneness. 118 wives of alcoholic patients admitted in community de-addiction center, yeshwantpur, the stress level of wives of chronic alcoholics, occasional drinkers and new drinkers were compared. The study results showed that spouse's stress level wives of chronic alcoholics ($t_{46}=5.48, p=0.037$), occasional drinkers ($t_{32}=3.21, p=0.04$) and new drinkers ($t_{40}=2.42, p=0.03$) is directly related to the severity of husband's drinking.

2.2: LITERATURE RELATED TO GUIDED IMAGERY ON STRESS

MiHye Lee, Dong-Hee Kim, and Hak Sun Yu (2013) conducted a study in Korea to evaluate the effects of guided imagery on stress and fatigue in patients undergoing radioactive iodine therapy after thyroidectomy. Participants were 84 individuals (44 for experimental group and 40 for control group) with thyroid cancer. The experimental group listened to a guided imagery CD once a day for 4 weeks. Global Assessment of Recent Stress and Revised Piper Fatigue Scale were self-administered, and heart rate variability was measured at three time points; prior to intervention (T1), just before intervention (T2) and 1 week later after intervention (T3). Heart rate variability was consisted of Standard Deviation of all NN interval (SDNN), Total Power (TP), Low Frequency (LF), and High Frequency (HF). There were significant decreases in stress ($F = 28.45, P < 0.001$) and fatigue ($F = 26.17, P < 0.001$) over time in the experimental group compared to the control group. Heart rate

variability changed over time in the experimental group relative to the control group; SDNN ($F = 6.68, P = 0.002$), TP ($F = 5.29, P = 0.006$), LF ($F = 4.58, P = 0.012$), and HF ($F = 3.71, P = 0.026$). From the results of this study guided imagery can be recommended as an effective intervention to thyroid cancer patients with stress and fatigue.

Jallo N, Cozens R, Smith MW et al., (2013) Conducted a study on effects of a guided imagery intervention on stress in hospitalized pregnant women by using pre-/posttest design, the effects of guided imagery on maternal stress in 19 hospitalized pregnant women were examined. Mean stress and systolic blood pressure measurements at post intervention were significantly lower than mean levels before listening to the guided imagery CD. All participants identified benefits of this holistic intervention. The study provides preliminary evidence that a guided imagery intervention may be effective in reducing maternal stress in hospitalized pregnant women and supports the feasibility of conducting a randomized clinical trial to further support incorporating this intervention into care.

S.Victor Devasirvadam (2011) conducted a pre experimental one group pre test post test design, quantitative approach on effects of guided imagery in terms of pain, and stress among terminally ill cancer patients at Govt Rajaji Hospital, Madurai. The sample size was 30 clients those whose age were 20-60 years, who were diagnosed to have terminally cancer .The method of intervention was, on day 1 pre-test was done using numerical pain scale and Holmes perceived stress scale, then on day 2nd, 3rd and 4th guided imagery intervention was given for 10-20 min twice a day, on day 4th post test was done. Effects of guided imagery was tested using 't' test, which revealed that the mean pre test perceived stress score (10.6) was more than the

mean post test perceived stress score (5.4) after receiving the guided imagery, the 't' value is (7.14) was significant at 0.05 level. Thus guided imagery was found to be effective by decreasing the pain and stress levels among the terminally ill cancer patients.

Jing X (2011) conducted a quantitative true experimental study to investigate the immediate effects of guided imagery for reducing stress in centrifuge training. There were 12 healthy young men who were randomly assigned to a guided imagery group or music group. The researchers measured changes in heart rate during centrifuge training, in heart rate variability before and after centrifuge training, and also evaluated the relaxation and stress in three phase: before intervention, after intervention and following centrifuge training. The change in the pattern of stress was different in the two groups over the three phases. During centrifuge training the maximum heart rate of the guided imagery group was lower than that of the music group. In addition guided imagery showed a decrease in low frequency (LF, 0.04-0.15 Hz) components and after centrifuge training. It was concluded that guided imagery was capable of decreasing stress, pre- or post- centrifugation.

Elizabeth Carter Registered Psychologist (2011) conducted an experimental study into the use of pre-packaged compact discs (CDs) which incorporate Guided imagery (GI) with suggestions and affirmations, indicates that the use of these CDs results in quick reduction of stress related issues for selected consecutive samples of 100 spouse of alcoholics. Marked improvements were identified in general feelings of well-being (91%), positive thoughts (82%) and ability to cope in stressful situations (73%). Decreases in incidence of ratings were greatest for insomnia, anger and

negative thoughts. Most commonly the first benefits people noticed were increased relaxation, decreased negative thoughts and decreased stress.

Maj Eric A. Gonzales, Capt Rachel J.A. Ledesma, Capt Danielle J. McAllister, Lt Col Susan M. Perry, Lt Col Christopher A. Dyer, CDR John P. Maye, (2010) conducted a study by a cardiac team implemented a Guided Imagery programme to compare cardiac surgical outcome between two groups of patients. A questionnaire was developed to assess the benefits of Guided Imagery programme. These who are willing to take participate in the study were administered the questionnaire, Patients who completed the Guided Imagery programme had a shortened average length of stay in the hospital; the cost of medicine was reduced. Overall the patients hold a high level of satisfaction with the care and treatment in Guided Imagery was considered a complementary means to reduce anxiety, pain and length of stay among cardio surgery patients.

Giju Thomas (2009) did a quasi experimental study at Bangalore to determine the effectiveness of Guided imagery Technique on Anxiety among elderly people staying in selected Old Age Home, Bangalore. The purposive sampling technique was used , 40 subject were taken for study. Age of the subject was 70 – 74 years, standardized anxiety inventory scale used for assessment of anxiety. The study shows guided imagery is very effective to reduce anxiety in elderly person.

Baird CL, Sands LP (2006) conducted a randomized pilot study to test the effectiveness of guided imagery with relaxation (GIR) to improve health-related quality of life (HRQOL) in women with osteoarthritis. A two-group (intervention versus control) longitudinal design was used to determine whether GIR leads to better HRQOL in these individuals and whether improvement in HRQOL could be

attributed to intervention-associated improvements in pain and mobility. Twenty eight women were randomized to either the GIR intervention or the control intervention group. Using GIR for 12 weeks significantly increased women's HRQOL in comparison to the women who used the control intervention, even after statistically adjusting for changes in pain and mobility. GIR may be an easy-to-use self-management intervention to improve the quality of life of older adults with osteoarthritis.

Liza Varvogli¹, Christina Darviri (2011) studied about “Stress Management Techniques”: evidence-based procedures that reduce stress and promote health According to the World Health Organization; stress is a significant problem of our times and affects both physical as well as the mental health of people. Stress is defined as a situation where the organism's homeostasis is threatened or the organism perceives a situation as threatening. Stress coping methods are the cognitive, behavioral and psychological efforts to deal with stress. After a thorough literature review in major databases (MEDLINE, Scopus, Science Direct) the following techniques were identified and are presented and briefly discussed here: progressive muscle relaxation, autogenic training, relaxation response, biofeedback, emotional freedom technique, guided imagery, diaphragmatic breathing, transcendental meditation, cognitive behavioral therapy, mindfulness-based stress reduction and emotional freedom technique. These are all evidence-based techniques, easy to learn and practice, with good results in individuals with good health or with a disease.

Joao Luis Alves Apostolo and Katharine.,(2009) conducted a descriptive study to assess the effect of guided imagery on comfort, depression, anxiety and stress of psychiatric inpatients with depressive disorders. A quasi- experimental design was

used and 60 short-term hospitalized depressive patients selected consecutively. The experimental group listened to a guided imagery compact disk once a day for 10 days. The Psychiatric Inpatients Comfort Scale and the Depression, Anxiety, and Stress Scales (DASS-21) were self-administered at two time points: prior to the intervention (T1) and 10 days later (T2). Comfort and DASS-21 were also assessed in the usual care group at T1 and T2. Repeated measures revealed that the treatment group had significantly improved comfort and decreased depression, anxiety, and stress over time. The calculated “t” value (7.90) was higher than the table value (0.70) at 0.05 level of significance.

Marc J. Weigensberg (2009) completed an one week intervention to determine stress reduction. Interactive Guided Imagery (IGI) could serve as an acceptable and effective stress-reduction modality in overweight Latino adolescents. Subjects (6 male /6 female, ages 14-17, body mass index >95th percentile) were randomly assigned to the experimental guided imagery group (IGI, n=6), or the non-intervention control group (C,n=6). Interactive guided imagery subjects received four sessions weekly for about 45–min per session. Salivary cortisol was assessed immediately before and after the sessions. Acceptability was assessed by compliance and qualitative interviews. There were significant within-group reductions in salivary cortisol in the interactive guided imagery group in three of the four sessions, and no reductions in cortisol in the control group. For all four sessions combined, there was a significant change in salivary cortisol in interactive guided imagery group ($p=0.007$). Effect sizes of cortisol change and stress reduction in interactive guided imagery group were moderate to very high in the four sessions.

Carter, E., (2006) conducted a study regarding the use of pre-packaged compact discs (CDs) which includes Guided Imagery technique. It consists of suggestions and information's about the need and importance of guided imagery technique. The aim of the study was quick reduction of stress related issues by using CDs of guided imagery technique. The results of the study showed that majority of participants (91%) found improvement in their feelings of general wellbeing, positive thoughts (82%) and ability to live and interact with stressful situations (73%) by using the resolutions from the CDs.

Vineetha Jacob (2005) done a non randomized controlled experimental study on effectiveness of guided imagery of stress among the patient with chronic renal failure in a selected hospital in Mangalore. Sample size 88 individuals, 43 in the control group and 45 in the experimental group. Nine days guided imagery intervention given to experimental and control group and post test conducted. The study (38.28 vs 43.26, $z=-2.58$, $p=0.01$) result shows that chronic renal failure patient had significant level of stress related to their illness and guided imagery is an effective intervention for reduction of stress among the experimental group.

Antall GF, Kresevic D (2004) conducted a study on a sample of 13 patients aged 55 and above. The purpose of this study was to test the effects of guided imagery intervention in the older adult patient who has undergone joint replacement surgery. The control group received usual care and a music audio tape. The experimental group received usual care and a guided imagery audio tape intervention. This study demonstrated positive outcomes for pain relief, decreased anxiety, and decreased length of stay.

2.3: LITERATURE RELATED TO GUIDED IMAGERY ON STRESS AMONG SPOUSE OF ALCOHOLICS:

C. Lejuez (2010) conducted an experimental study to investigate the relationship between guided imagery technique on stress reduction among 89 wives of alcoholics residing in the Salvation Army Harbor Lights residential substance abuse treatment facility in Northeast Washington D.C.,(District of Columbia) were asked to participate in Guided Imagery and Paced Auditory Serial Addition Test for 10 days. The stress level was assessed using Depression, Anxiety, Stress Scale (DASS). The results of the study were [$t(1) = 7.07, p < .001$], suggests that the PASAT and GI are potentially promising instruments for reducing the stress level among the spouse of alcoholics.

Fernandez., (2008) conducted an experimental study to evaluate the effect of Guided Imagery relaxation techniques, among the 74 spouses of alcoholics admitted in community centres of NY,US, who were randomly assigned to an experimental or control group. The Perceived stress scale was used to assess the stress level. The findings reveal that there was a significant change in the level of stress among the caregivers (mean -0.15 , SD 0.40 and mean -0.06 , SD 0.26 , respectively) and also concluded that Guided Imagery relaxation techniques may be useful for spouses of alcoholics.

Martha Cleveland (2007) presents a model of intervention for use with co-dependent women; women with little self-identity and low self-esteem; women live with alcoholic husbands, chronic ill partners etc. The model is a structured, goal oriented process which integrates concepts related to co-dependency with techniques of mental imagery/ guided imagery. The goal of treatment is two fold. First, treatment should result in improved emotional/psychological/behavioral functioning of the

client. Second, it utilizes an intrapersonal model to break the intergenerational transmission of the dysfunctional co-dependent family system, and thereby reducing the stress, anxiety and depression among co-dependent women.

James and Goldman (2001) conducted a quasi experimental study to assess the ways of coping among the 200 wives of alcoholics who were staying with their husbands at residential substance abuse treatment facility in Charleston Center Clinic. With the use of Convenient sampling technique and DASS Stress Scale was used to assess the level of stress. Guided Imagery technique and intellectual life skill training was given to the spouse of alcoholics. The study results ($r(148) = .17, p = .07$) revealed that there is a significant relationship between Guided imagery and intellectual life skill training and the stress reduction among the spouse of alcoholics.

2.4 CONCEPTUAL FRAMEWORK

Denise F.Polit, and Cheryl Tatano Beck (2007), Concepts are also the basic elements of conceptual models, but concepts are not linked in a logically ordered, deductive system. Conceptual models, like theories, provide context for nursing studies. Framework is the conceptual underpinning of a study. In many studies, the framework is implicit, but ideally researchers clarify the conceptual definitions of key concepts. Several conceptual models of nursing have been developed and have been used in nursing research. The concepts central to models of nursing are person, environment, health, and nursing. Schematic models are representations of phenomena using symbols or diagrams. Statistical models use mathematic symbols to express quantitatively the nature and strength of relationships among variables.

In this study researcher utilized a framework based on the Modified Sister Callista Roy's Adaptation Model. As per the Roy's view, person is a bio psycho social being in constant interaction with a changing environment. Human beings are tried to sustain balance between the bio psycho social factors and the outside environment. The adaptation level is a constantly changing point, made up of three stimuli said to be focal, contextual and residual stimuli. Here the focal stimuli of the person are constant interaction with changing environment. The person cope with changing world, the individual used both innate and external stimuli and thereby obtain coping mechanism from the environment. The researcher considers guided imagery as a focal stimuli to the stressful spouse of alcoholic.

The human beings adaptive level such as that it comprised a zone indicating the range of stimulation that lead to a positive response. The adaptive mode responses that the integrity of the self in return of goal of adaptation and survival of growth and

mastery. It has four modes namely physiological mode, self-concept mode, role performance mode and interdependence mode.

IN THIS ADAPTIVE MODEL

Input

Though the process of selecting the model regulates the types and the amount of input received, some types of inputs are used immediately in their original state. Input refers to the actual planning of action to send the information to open system. Input refers target group with their characteristics level of competencies and interest. Socio demographic variables would have some influences on stress among spouse of alcoholics. In this study, input refers to socio demographic variables of spouse of alcoholics, such as age, place of domicile, religion, education, occupation, total income of the family, type of family, number of children, duration of consumption of alcohol of their husband and hobbies pretest to assess their level of stress, and the intervention is guided imagery which was given for 20 min once a day for 7 consecutive days.

Throughput

Physiological mode- the basic action of this mode is enhance the physiological integrity and is composed of the needs associated with oxygenation, circulation, nutrition, elimination, activity and rest and protection. The complex of this mode are associated with the senses, fluids and electrolytes, neurological function and endocrine functions. Guided imagery enhances the physiological integrity and thus it results in increase sleep, maintain neurological functioning, feels active and energetic.

Self-concept mode- This mode relates to the basic need for psychic integrity. Its focus is on the psychological and spiritual aspects of the person. Guided imagery enhances the body sensation and makes an individual feel self-consistency, self-ideal and ethical-moral-spiritual self. Self-consistency represents the person's efforts at self-organization and to avoid disequilibrium. Self-ideal represents what the person expects to be and do, and moral-ethical –spiritual self represents the person's belief system and self-evaluation.

Role function mode- this mode identifies the patterns of social interaction of the person in relation to others reflected by the primary, secondary and tertiary roles. Behaviors in this mode are said to be instrumental or expressive behavior. Guided imagery enhances the instrumental behaviors and thus results in long term orientation, mastery over the feelings, able to ventilate or express emotions in proper manner, enhance attitudes and enhance social integrity such as increase group performance, increase independency and increase social activity.

Interdependent mode- In this interdependent mode, the affectional needs are met. Guided imagery helps to reflect the strong humanistic values such as love, affection, human values, and affirmation and maintain good interpersonal relationship.

The researcher believes that the overall action of these four modes, said to be the output of the study, will reduce stress, increase interpersonal relationship, increase energy level, promote self esteem, increase emotional well being and improve quality of life among the spouse of alcoholics.

Output

Output is the end result of the nursing interventions. Output can be adaptation to the stimuli or maladaptation to the stimuli. In this study, adaptation leading to reduction of stress or maladaptation leading to no changes in the level of stress among the spouse of alcoholics.

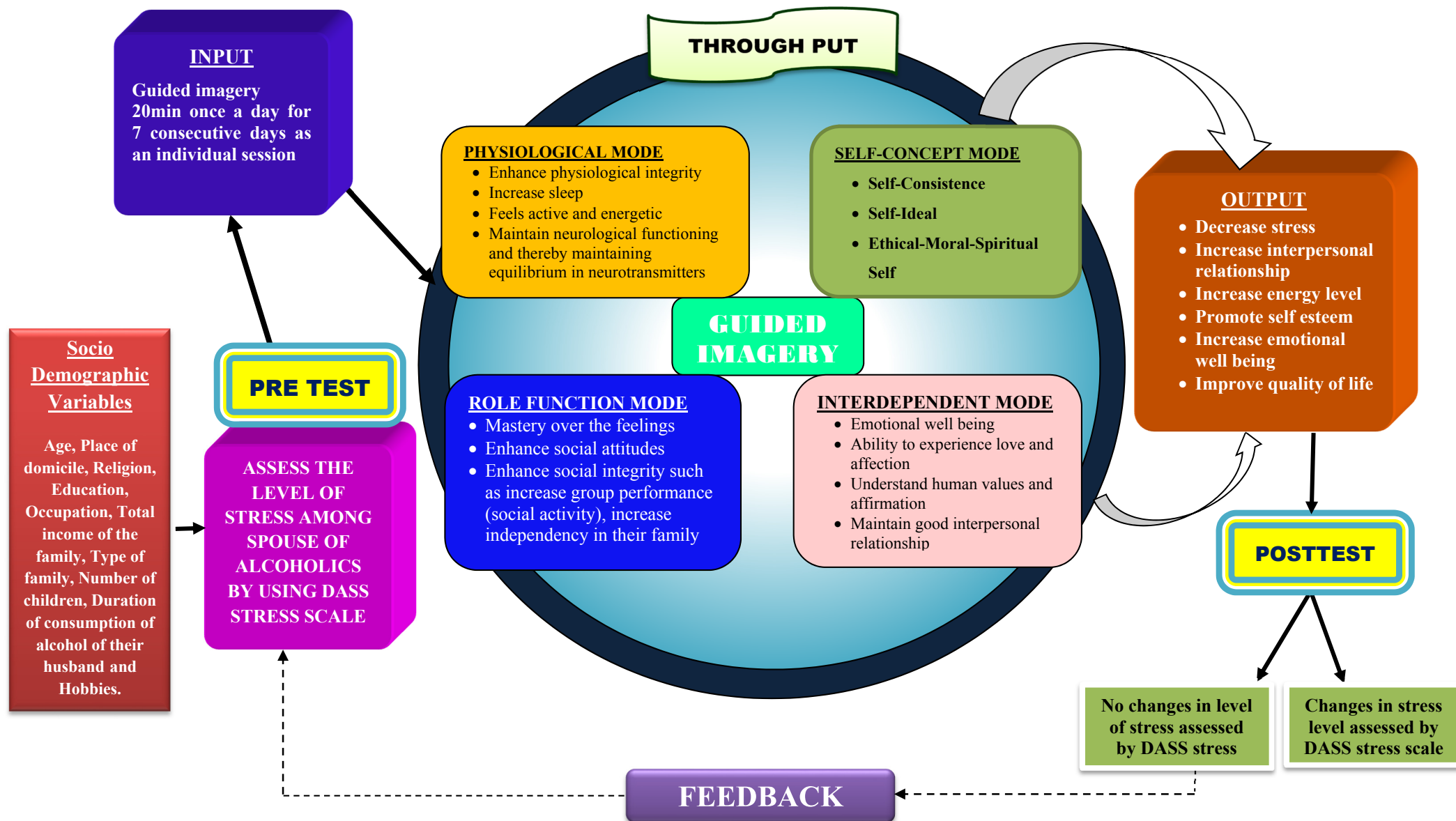


FIGURE-1 CONCEPTUAL FRAME WORK – MODIFIED ROY'S ADAPTATION MODEL (1984)

Research

Methodology

CHAPTER III

RESEARCH METHODOLOGY

The methodology of research indicates the general pattern of organizing the procedure for assembling valid and reliable data for investigation. This chapter provides a brief explanation of the method adopted by the investigator in this study. It includes the research approach, research design, and variables, setting of the study, population, sample and sample size, sampling technique, description of the tool, pilot study, data collection procedure and plan for data analysis.

The present study aimed to “evaluate the effectiveness of Guided imagery on stress among spouse of alcoholics at De-addiction ward in Government Rajaji Hospital, Madurai”.

3.1 RESEARCH APPROCH

The research approach is the most essential part of any research. The entire study is based on it. In this study Effectiveness of Guided Imagery on stress among the spouse of alcoholics was evaluated. Therefore a quantitative approach was used to test the effectiveness of intervention.

3.2 RESEARCH DESIGN

The investigator used Pre experimental one group pretest post test design for the study. There was a manipulation for the subjects without a control group and without randomization.

Pretest	Intervention	Post test
O ₁	X	O ₂

O₁ - Pretest level of stress among spouse of alcoholics on day 1.

X - Demonstration of guided imagery for 20 min, once a day for 7 consecutive days.

O₂ - Post test to determine the level of stress among spouse of alcoholic on day 7.

3.3 VARIABLES

Independent variable: Guided imagery

Dependent variable: Level of stress

Socio demographic variables: Socio demographic variables including age, place of domicile, religion, education, occupation, total income of the family, type of family, number of children, duration of consumption of alcohol of their husband and hobbies.

3.4 SETTING OF THE STUDY

The setting was selected based on acquaintance of the investigator with the institution, feasibility of conducting the study, availability of the sample, permission and proximity of the setting to investigation.

The study was conducted in de-addiction ward, Government Rajaji Hospital, Madurai. It is the oldest and illustrious institution catering to the population of the adjoining Southern Districts. This is one of main psychiatric institution serving people of southern Tamil Nadu. The hospital is equipped with bed strength of 2518 beds. Psychiatric ward is equipped with bed strength of 60 beds and de-addiction ward with 20 beds with an annual census of 5800 patients and alcoholics on an average 5500 new cases and 350 old cases were attending the outpatient department per month and an

average of 70-80 patients were admitted in psychiatric ward per month and alcoholics also 70-84 individuals were admitted for de-addiction ward.

3.5 POPULATION

Target population

The study population comprises of spouse of alcoholics.

Accessible population

The individuals those who were the spouse of alcoholics at de-addiction ward in Government Rajaji Hospital, Madurai.

3.6 SAMPLE

Samples were spouse of alcoholics at de-addiction ward in Government Rajaji Hospital and those who fulfilled the inclusion criteria.

3.7 SAMPLE SIZE

The sample size was 40 spouse of alcoholics

3.8 SAMPLING TECHNIQUE

Sampling technique used in the study was consecutive sampling technique, a non-probability sampling method. 40 spouse of alcoholics were included in the study who fulfilled the sampling criteria based on non-probability consecutive sampling technique.

3.9 CRITERIA FOR SAMPLE SELECTION

The study sample was selected by the following inclusion and exclusion criteria.

Inclusion criteria

- Spouse of alcoholics who were between 20- 60 years of age.
- Spouse of alcoholics who were available at the time of data collection.
- Spouse of alcoholics those who could speak and understand either Tamil or English.

Exclusion criteria

- Spouse of alcoholics those who were not willing to participate in the study.
- Spouse of alcoholics those who had sensory deficit.
- Spouse of alcoholics those who were affected with severe and extreme stress

3.10 RESEARCH TOOL AND TECHNIQUE:

- The tool used for the study was DASS Stress Scale.
- The technique used for the study was a structured interview schedule.

The Tool consisted of two sections.

- **Section I:** Socio Demographic variables
- **Section II:** DASS Stress scale

Section-I (Socio demographic variables)

This section includes socio demographic variables such as age, place of domicile, religion, education, occupation, total income of the family, type of family, number of children, duration of consumption of alcohol of their husband and hobbies.

Section-II: (DASS Stress Scale) – a 14 item questionnaire completed by a client with each answer scored on scale of 0 to 3 designed to measure the level of stress.

The Rating scale is as follows:

- 0 - Did not apply to me at all
- 1 - Applied to me to some degree, or some of the time
- 2 - Applied to me to a considerable degree, or a good part of time
- 3 - Applied to me very much, or most of the time

3.11 DESCRIPTION OF INSTRUMENT

Section-I: There was no score allotted for socio demographic variables:

Section II: DASS Stress Scale – a 14 item questionnaire, which were rated below.

Scores are calculated by summing the scores for the given items. The scores of the each respondent over the scales are then evaluated as per the severity rating index below.

LEVEL OF STRESS	SCORES
Normal	0 –14
Mild stress	15-18
Moderate stress	19-25
Severe stress	26-33
Extreme stress	34 +

3.12 RELIABILITY OF THE TOOL:

The reliability of an instrument is the degree of consistency with which it measures the attribute and it is supposed to be measuring over a period of time. The tool was a standardized one which underwent split half method for reliability. The DASS Stress Scale has been divided in to two equivalent halves, then the scores are correlated and the reliability has been estimated using the Karl Pearson's correlation coefficient formula and the obtained value $r = 0.85$. Hence the tool was reliable and used in this study.

3.13 VALIDITY OF THE TOOL:

The tool used in this study was DASS Stress Scale and Socio Demographic profile proforma, which were validated by 5 experts including three nursing experts in the field of Psychiatric nursing, one psychiatrist and one clinical psychologist. The experts were requested to check the relevance, sequence and adequacy of the items in the structured interview schedule.

3.14 PILOT STUDY

A pilot study was conducted at de-addiction ward, Government Rajaji Hospital, Madurai among 10 spouse of alcoholics (who were not included in the main Study) who fulfilled the inclusion criteria with regard to the setting, with the cooperation of the people and the availability of the sample, in a manner in which a final study will be done. It was carried over for the period of 7 days from 01.08.2014 to 07.08.2014. The structured interview schedule was found to be appropriate for the study. Data were analyzed to find out the practicability to conduct the study. The pilot study findings revealed that the study was feasible and practicable.

3.15 PROCEDURE FOR DATA COLLECTION

Formal permission was obtained from the Professor and HOD, Department of psychiatry, Government Rajaji Hospital, Madurai, to conduct the study in de-Addiction ward. Before conducting the study, a brief self-introduction and explanation regarding the nature and purpose of the intervention was given. Written and oral consent was obtained from all the subjects. Pre-test was conducted using DASS Stress scale to assess the level of stress among spouse of alcoholics by interview method on day one. Guided imagery was given on day one after the pre-test, for 20 minutes once a day for 7 consecutive days. Post -test level of stress was assessed on day 7 using the same tool.

Intervention: Guided Imagery

Frequency: Once a day

Duration: 20 minutes for 7 consecutive days

The data was collected for duration of 5 weeks from **12.08.14 to 15.09.14**

3.16 PLAN FOR DATA ANALYSIS

The data analysis involved the translation of information collected during the course of research project into an interpretable and managerial form. It involved the use of statistical procedures to give an organization and meaning to the data. To compute the data, a master sheet was prepared by the investigator. Descriptive and inferential statistics used for data analysis.

Descriptive statistics:

1. Frequency and percentage distribution was used to analyze the socio demographic variables of spouse of alcoholics in de-addiction ward.
2. Mean and standard deviation was used for assessing the pretest and posttest level of stress among spouse of alcoholics in de-addiction ward.

Inferential statistics:

1. Paired t-test was used to examine the pretest and posttest level of stress among spouse of alcoholics in de-addiction ward.
2. Chi-square analysis was used to find out the association between level of stress among spouse of alcoholics and selected socio demographic variables.

3.17 PROTECTION OF HUMAN RIGHTS

The investigator obtained approval from dissertation committee of College of Nursing, Government Rajaji hospital, IRB (Institutional Review Board) and Professor, HOD, Department of psychiatry, Government Rajaji Hospital, Madurai, to conduct the

study in de-addiction ward. Each individual client was informed about the purpose of the study and confidentiality was promised and ensured. Both verbal and written consent was obtained from all the study subjects and data collected was kept confidential. The subjects were informed that they can withdraw from the study without any penalty. Confidentiality and Anonymity was maintained throughout the study.

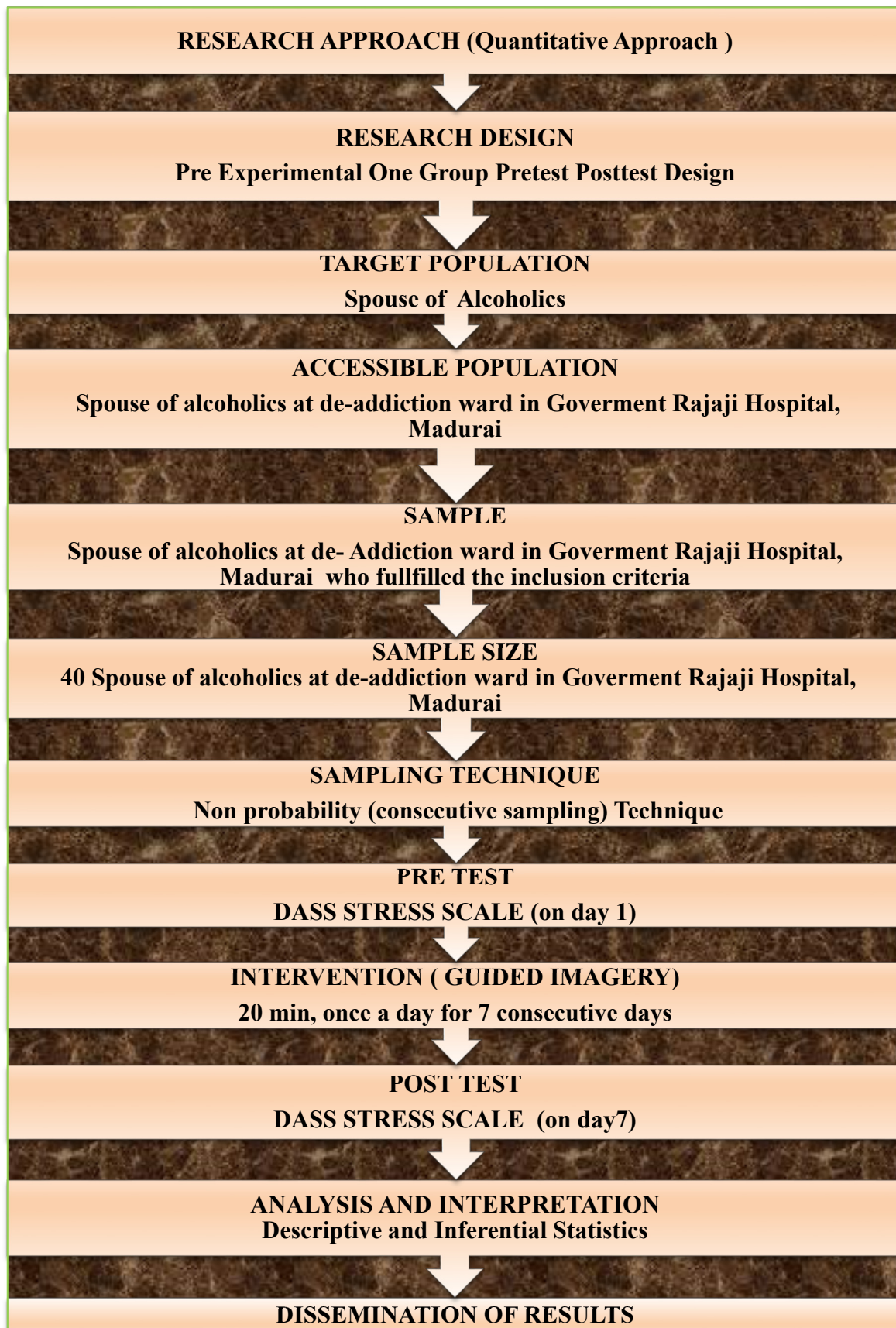


FIGURE-2 SCEMATIC REPRESENTATION OF RESEARCH METHODOLOGY

*Data Analysis
and
Interpretation*

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis of the data collected statistical procedure enabled the investigator to deduce, summarize, organize, evaluate, interpret and communicate the numeric information. Statistical analysis is a method of rendering quantitative information meaningful and intelligible.

In this chapter the data collected were edited, tabulated, analyzed and interpreted. The findings were organized and presented in the following orderly sections.

The data collected were interpreted under the following sections:

SECTION I

Distribution of spouse of alcoholics according to their selected socio demographic variables.

SECTION II

Frequency and percentage distribution of spouse of alcoholics according to their level of stress.

SECTION III

Effectiveness of Guided imagery on stress among spouse of alcoholics.

SECTION IV

Association between post test level of stress among the spouse of alcoholics and their selected socio demographic variables.

SECTION I

TABLE-1: DISTRIBUTION OF SPOUSE OF ALCOHOLICS ACCORDING TO THEIR SELECTED SOCIO DEMOGRAPHIC VARIABLES.

SOCIO DEMOGRAPHIC VARIABLES		n=40	
		f	%
AGE	20 -30 yrs	17	42.5%
	31 -40 yrs	21	52.5%
	41 -50 yrs	2	5.0%
PLACE OF DOMICILE	Urban	23	57.5%
	Rural	17	42.5%
RELIGION	Hindu	34	85.0%
	Christian	2	5.0%
	Muslim	4	10.0%
EDUCATION	No formal education	6	15.0%
	Primary	15	37.5%
	High School	9	22.5%
	Higher secondary	4	10.0%
	Graduate and above	6	15.0%
OCCUPATION	Coolie	2	5.0%
	Self -employment	13	32.5%
	Private employee	11	27.5%
	House wife	14	35.0%
TOTAL INCOME OF FAMILY	<Rs 2000	1	2.5%
	Rs 2001 - Rs 3000	15	37.5%
	Rs 3001-4000	3	7.5%
	Rs 4001-5000	8	20.0%
	> Rs.5000	13	32.5%
TYPE OF FAMILY	Nuclear family	31	77.5%
	Joint family	9	22.5%

NO OF CHILDREN	No child	4	10.0%
	One child	1	2.5%
	Two children	30	75.0%
	Three and above	5	12.5%
DURATION OF CONSUMPTION OF ALCOHOL, OF THEIR HUSBAND	< 5 yrs	5	12.5%
	6 - 10 yrs	8	20.0%
	11-15 yrs	8	20.0%
	16-20 yrs	7	17.5%
	> 20 yrs	12	30.0%
HOBBIES	Hearing music	1	2.5%
	Watching TV	21	52.5%
	Gardening	5	12.5%
	Reading books	9	22.5%
	Others	4	10.0%

Table 1 reveals that, majority of the spouse of alcoholics 21(52.5%) were in the age group of 31-40 years, 17(42.5%) were in the age group of 20-30 years and 2(5.0%) were in the age group of 41-50 years.

When comparing the nature of residential area, majority of the spouse of alcoholics 23(57.5%) hailed from urban area, and 17(42.5%) hailed from rural area.

Most of the subjects 34(85.0%) were belonged to Hindu religion, 4(10.0%) were belonged to Muslim and 2(5%) were belonged to Christian.

Regarding educational status, majority of the subjects 15(37.5%) have studied up to primary education, 9(22.5%) have studied up to high school, 6(15.0%) had no formal education, 6(15.0%) have studied up to graduate and above level and 4(10.0%) have studied up to higher secondary.

While discussing occupation, majority of the subjects 14(35.0%) were house wife, 13(32.5%) were self-employed, 11(27.5%) were working in Private concern and 2(5.0%) were working as coolie.

When comparing the income of the family, majority of the subject's monthly income 15(37.5%) were earning between Rs2001-3000, 13(32.5%) were earning more than Rs 5001, 8(20.0%) were earning between Rs4001-5000, 3(7.5%) were earning between Rs 3001-4000 and 1(2.5%) were earning was less than Rs2000/-.

Regarding type of family, majority of them 31(77.0%) were living in the nuclear family and least 9(23%) were living in joint family.

When comparing number of children, majority of the subjects, 30(75.00%) were having two children, and 5(12.5%) were having three and above, 4(10.0%) were having no child, 1(2.5%) were having only one child.

Regarding duration of consumption of alcohol, majority of subject's husband 12(30.0%) were consuming alcohol more than 20 years of period, 8(20.0%) were consuming alcohol 11-15 years, 8(20.0%) were consuming alcohol 6-10 years of period, 7(17.5%) were consuming alcohol 16-20 years and 5(12.5%) were consuming alcohol less than 5 years.

Regarding hobbies, majority of subjects 21(52.5%) were watching television, 9(22.5%) were reading books, 5(12.5%) were gardening, 4(10.0%) were others and the least 1(2.5%) were hearing music.

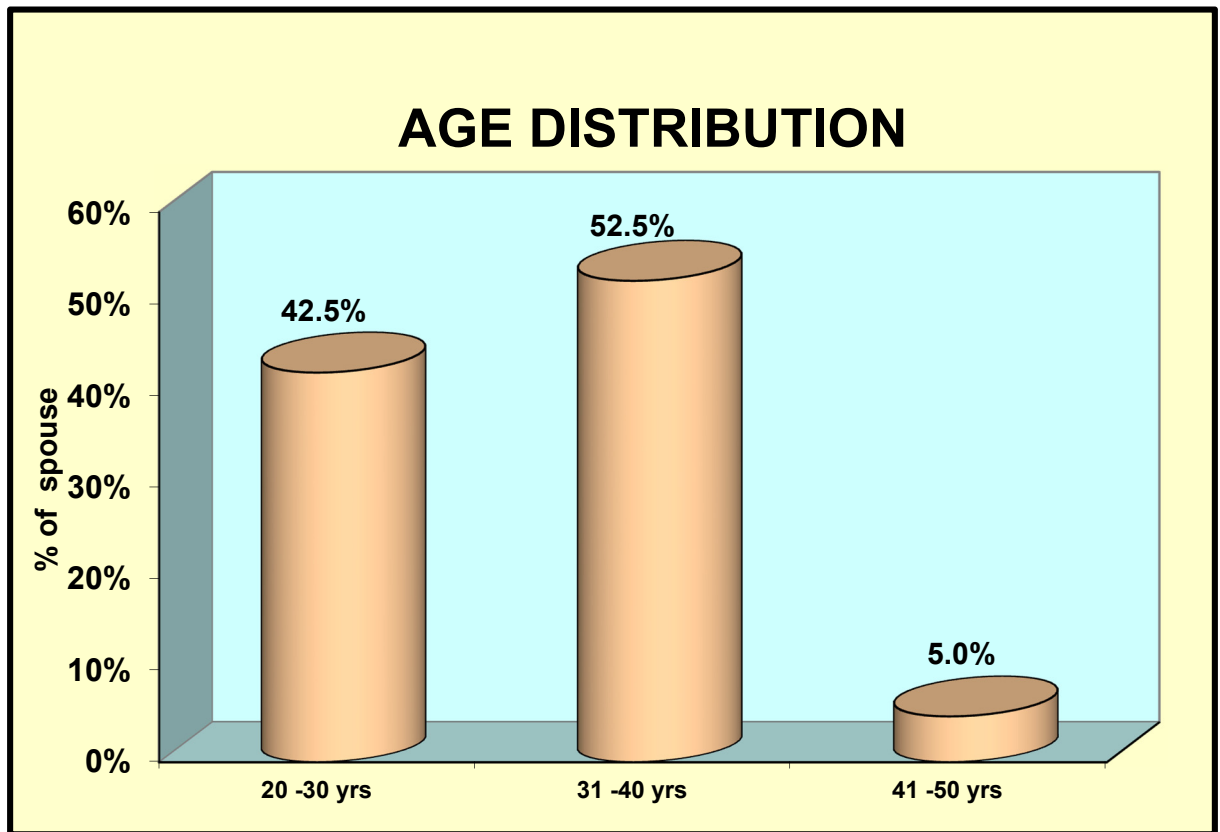


Figure 3: Cylinder diagram portrays the distribution of spouse of alcoholics in De-addiction ward according to their age.

Majority of the spouse of alcoholics 21(52.5%) were in the age group of 31-40 years, 17(42.5%) were in the age group of 20-30 years and 2(5.0%) were in the age group of 41-50 years.

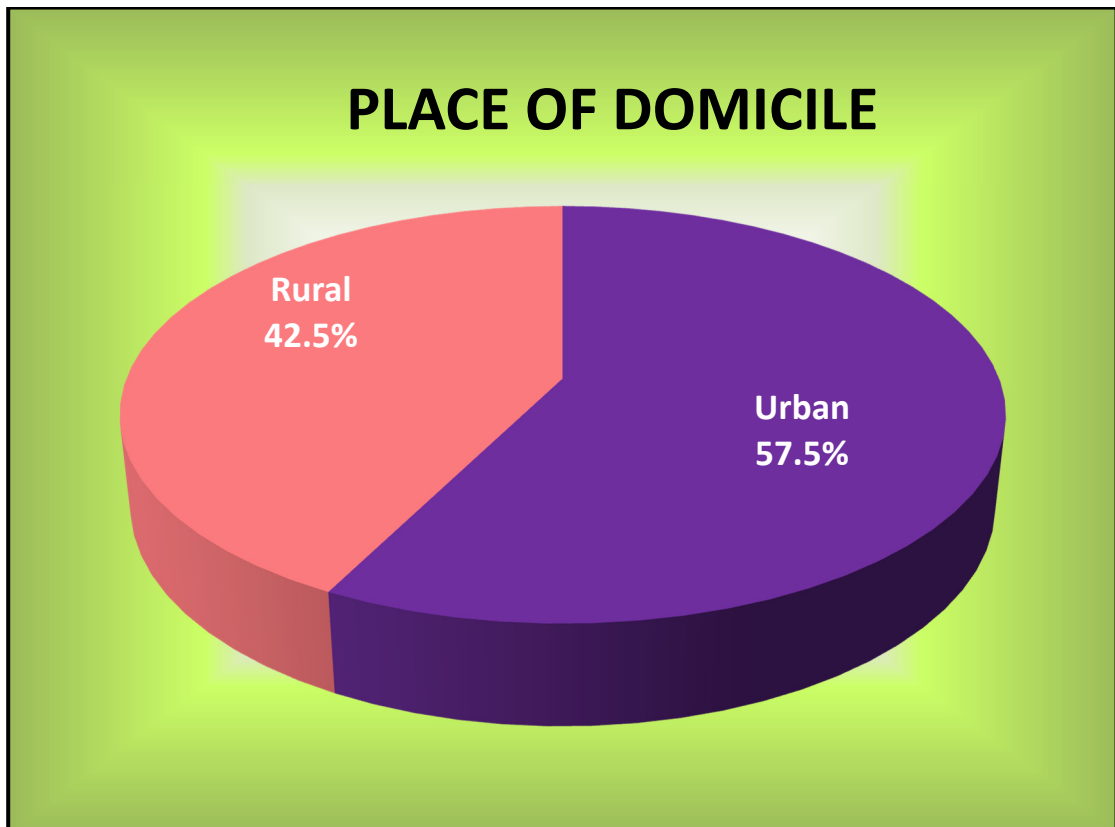


Figure 4: Pie diagram identifies the distribution of spouse of alcoholics in selected De-addiction ward according to their place of domicile.

Majority of the spouse of alcoholics 23(57.5%) were hailed from urban area and 17(42.5%) were hailed from rural area.

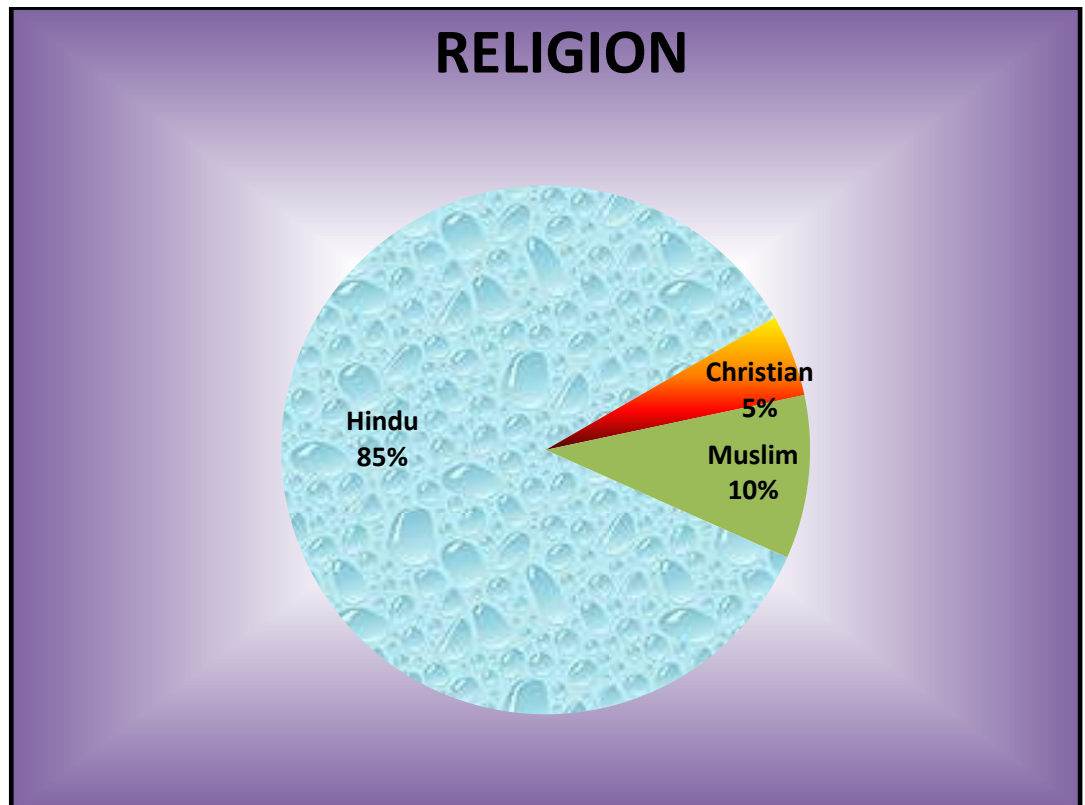


Figure 5: Pie diagram states the distribution of spouse of alcoholics in selected De-addiction ward according to their religion.

Most of the subjects 34(85.0%) were belonged to Hindu religion, 4(10.0%) were belonged to Muslim and 2(5%) were belonged to Christian.

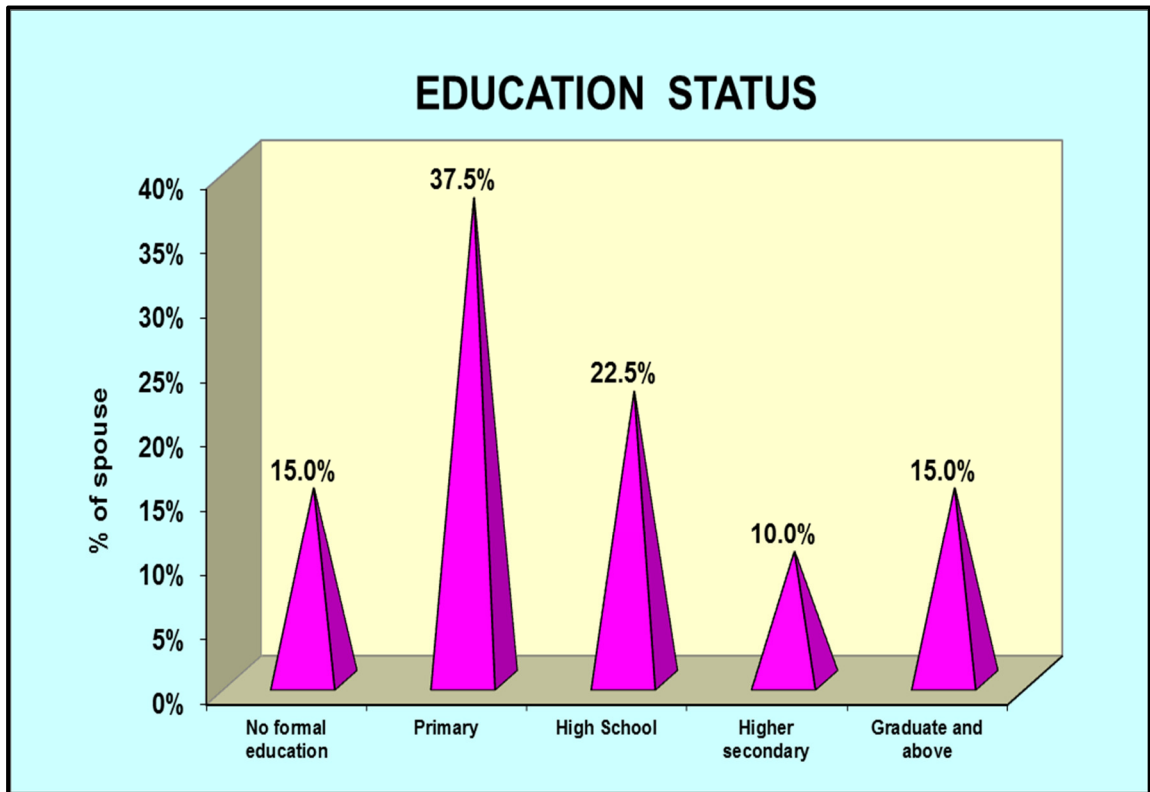


Figure 6: Pyramid diagram manifests the distribution of spouse of alcoholics in selected De-addiction ward according to their education status.

Majority of the subjects 15(37.5%) have studied up to primary education, 9(22.5%) have studied up to high school, 6(15.0%) had no formal education, 6(15.0%) have studied up to graduate and above level and 4(10.0%) have studied up to higher secondary.

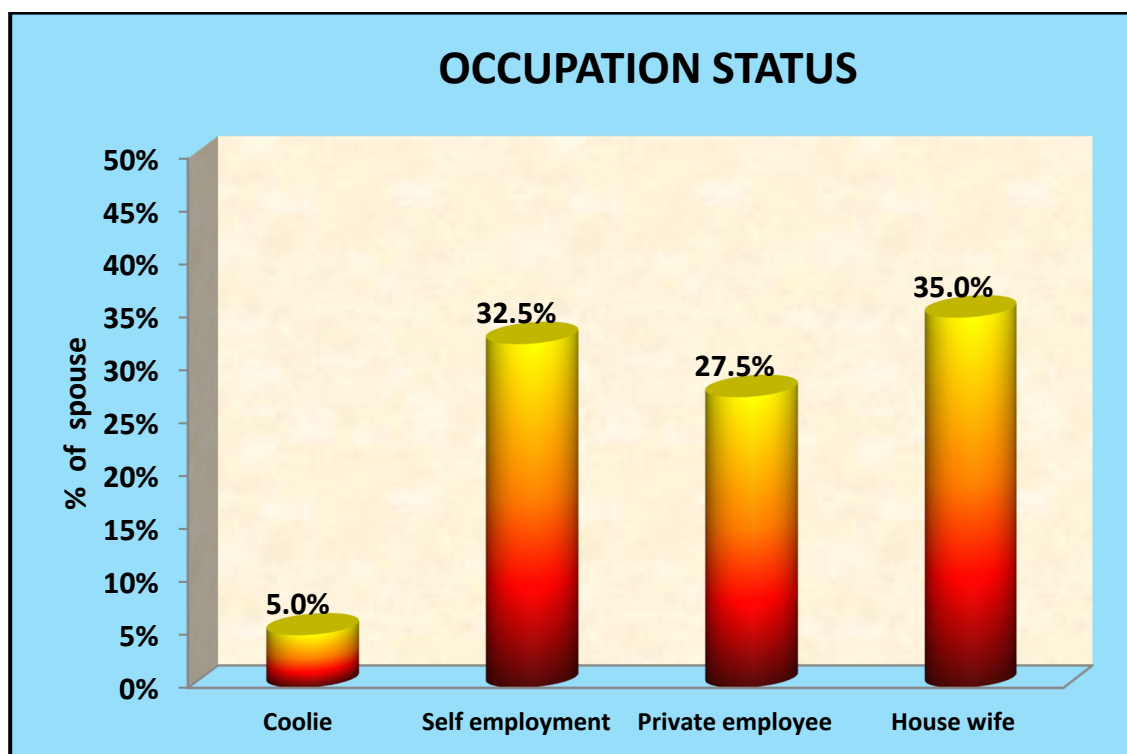


Figure 7: Cylinder diagram depicts the distribution of spouse of alcoholics in selected De-addiction ward according to their occupation status.

Majority of the subjects 14(35.0%) were house wife, 13(32.5%) were self - employed, 11(27.5%) were working in private concern and 2(5.0%) were working as coolie.

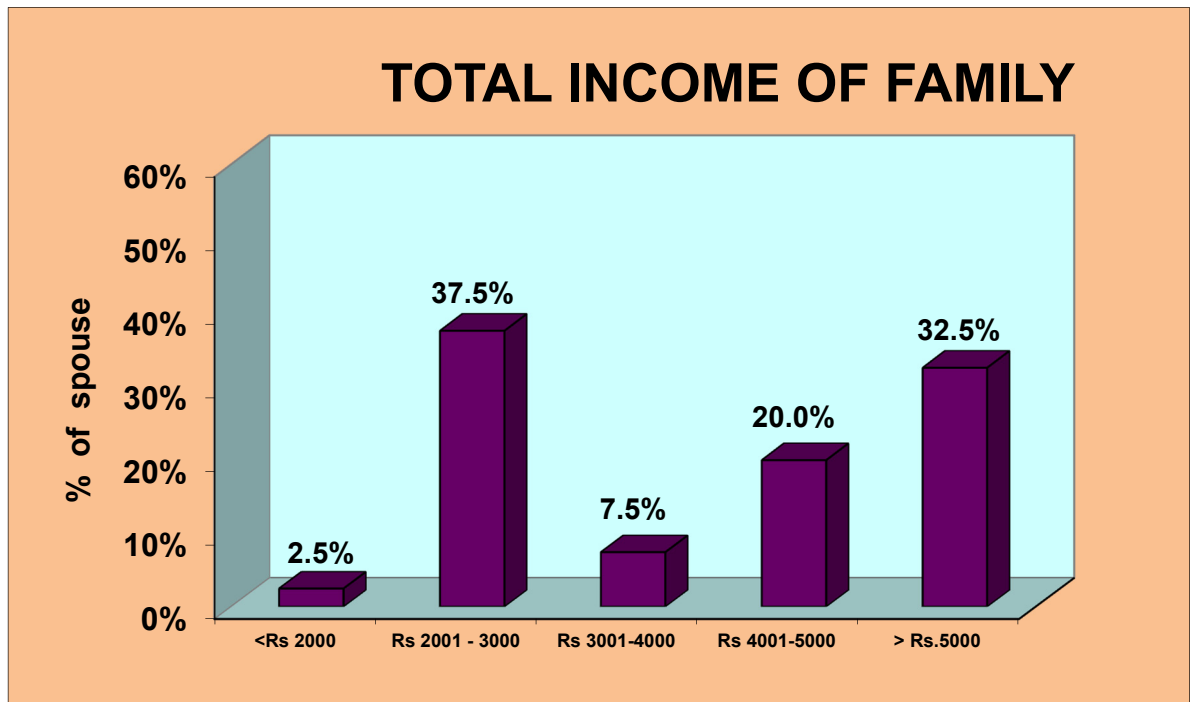


Figure 8: Simple bar diagram narrates the distribution of spouse of alcoholics in selected De-addiction ward according to their total income of family.

Majority of the subject's monthly income 15(37.5%) were earning between Rs2001-3000, 13(32.5%) were earning more than Rs 5001, 8(20.0%) were earning between Rs4001-5000, 3(7.5%) were earning between Rs 3001-4000 and 1(2.5%) were earning less than Rs2000/-.

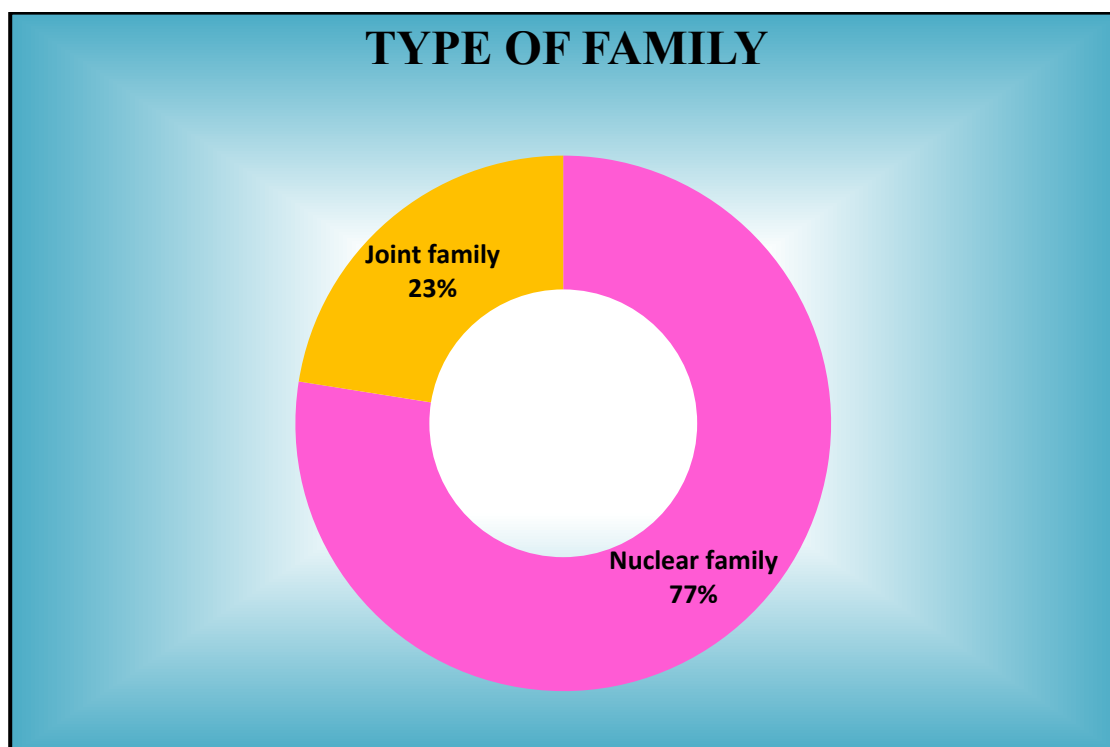


Figure 9: Doughnut diagram identifies the distribution of spouse of alcoholics in selected De- addiction ward according to their type of family.

Most of the subjects 31(77.0%) were living in the nuclear family and least 9(23%) were living in joint family.

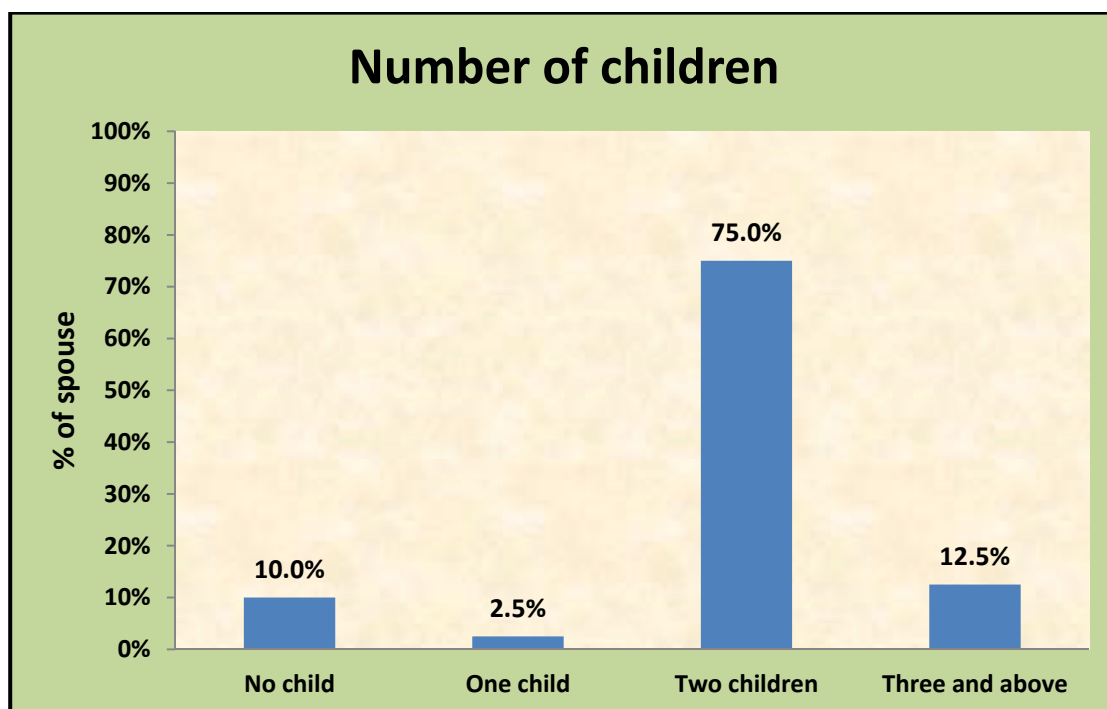


Figure 10: Simple bar diagram explains distribution of spouse of alcoholics in selected De-addiction ward according to their number of children.

Majority of the subjects, 30(75.00%) were having two children, 5(12.5%) were having three and above, 4(10.0%) were having no child and 1(2.5%) were having only one child.

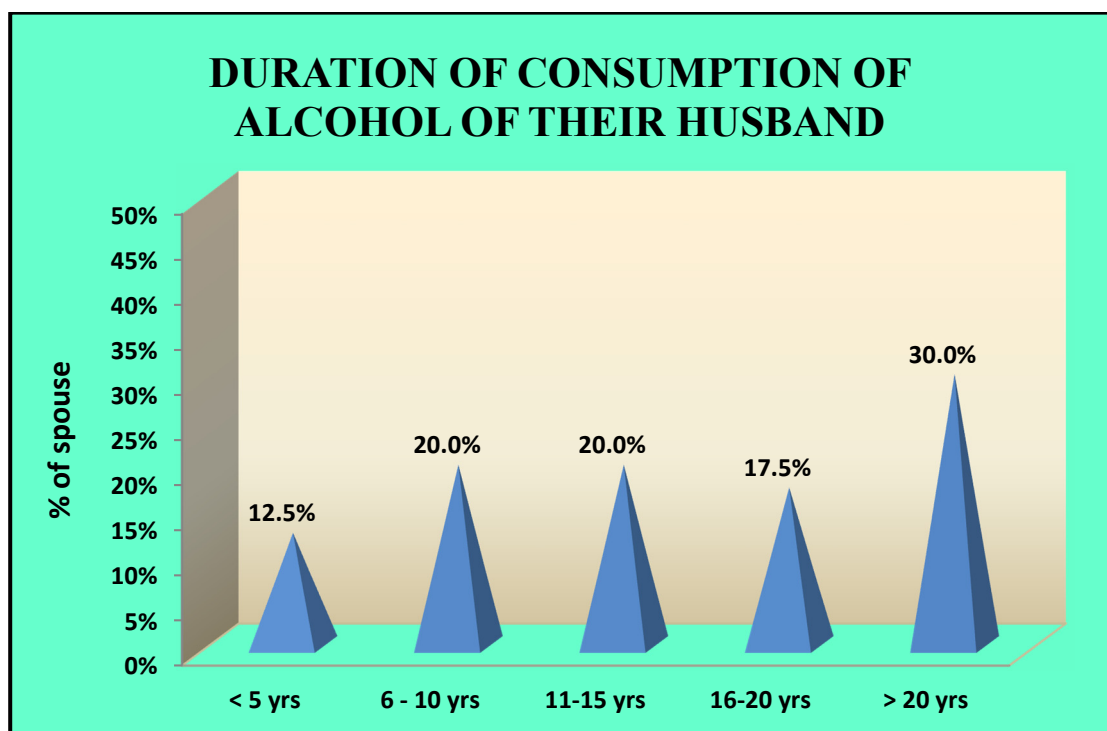


Figure 11: Pyramid diagram portrays the distribution of spouse of alcoholics in selected De-addiction ward according to duration of consumption of alcohol their husband.

Majority of subjects husbands 12(30.0%) were consuming alcohol more than 20 years of period, 8(20.0%) were consuming alcohol 11-15 years, 8(20.0%) were consuming alcohol 6-10 years of period, 7(17.5%) were consuming alcohol 16-20 years and 5(12.5%) were consuming alcohol less than 5 years.

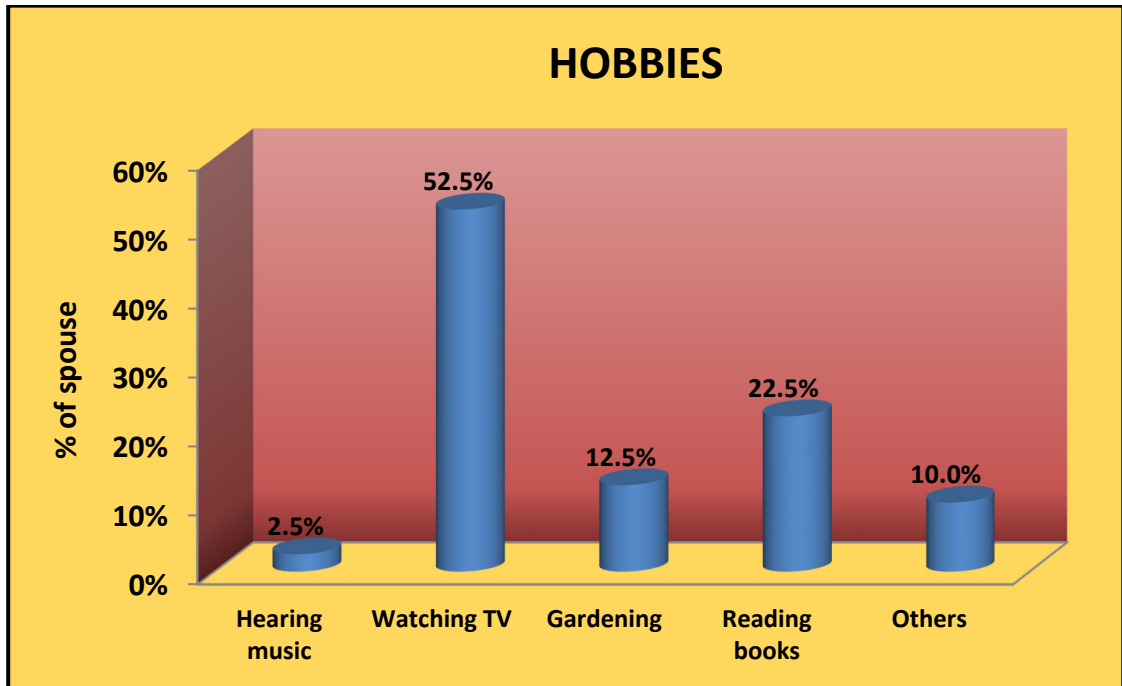


Figure 12: Cylinder diagram showing the distribution of spouse of alcoholics in selected De-addiction ward according to their hobbies.

Regarding hobbies, majority of subjects 21(52.5%) were watching television, 9(22.5%) were reading books, 5(12.5%) were gardening, 4(10.0%) were others and the least 1(2.5%) was hearing music.

SECTION II

TABLE-2: FREQUENCY AND PERCENTAGE DISTRIBUTION OF SPOUSE OF ALCOHOLICS ACCORDING TO THEIR LEVEL OF STRESS.

Level of Stress	Pre-Test		Post-Test	
	(f)	(%)	(f)	(%)
Normal Stress	0	0.0%	17	42.5%
Mild stress	14	35.0%	23	57.5%
Moderate stress	26	65.0%	0	0.0%
Severe stress	0	0.0%	0	0.0%
Extreme stress	0	0.0%	0	0.0%

In the Pre test, majority of spouse of alcoholics 26(65.0%) were moderate level of stress and 14(35.0%) were in mild level of stress.

In the Post test, after receiving guided imagery intervention, 23(57.5%) of spouse of alcoholics were in the mild stress, 17(42.5 %) were in normal stress, and none of them were in moderate stress.

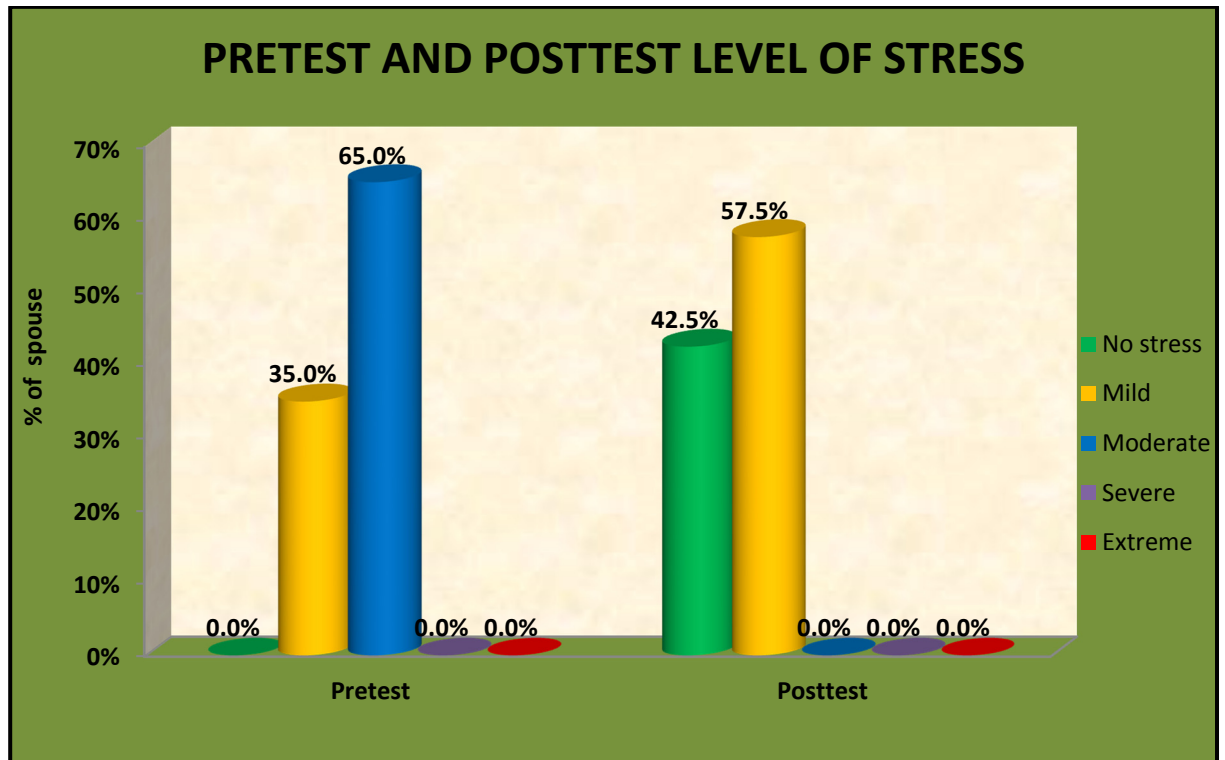


Figure 13: Cylinder diagram depicts the distribution of subjects according to their level of stress

In the Pretest, 14(35.0%) were in the mild stress, and 26(65.0%) were in moderate stress. After receiving guided imagery, in the Posttest 17(42.5%) were in the normal stress, 23(57.5%) were in mild stress, whereas none of them were in moderate stress.

SECTION III

TABLE-3: EFFECTIVENESS OF GUIDED IMAGERY ON STRESS AMONG SPOUSE OF ALCOHOLICS

n=40					
Variable	Mean	Mean Difference	SD	"t"-Value	P-Value
Pre-Test	20.25	6.00	2.81	19.61	0.001***
Post-Test	14.25		2.10	TV= 3.55	

*** Significant at 0.001

The above table showed that the mean in the pretest and posttest was 20.25 and 14.25 and standard deviation in the pretest and posttest was 2.81 and 2.10 respectively. The mean difference was 6.00. The paired “t” test value was 19.61 which were greater than the table value (3.55), which was significant at 0.001. Hence it was evidenced that guided imagery was more effective in terms of reducing stress among the spouse of alcoholics.

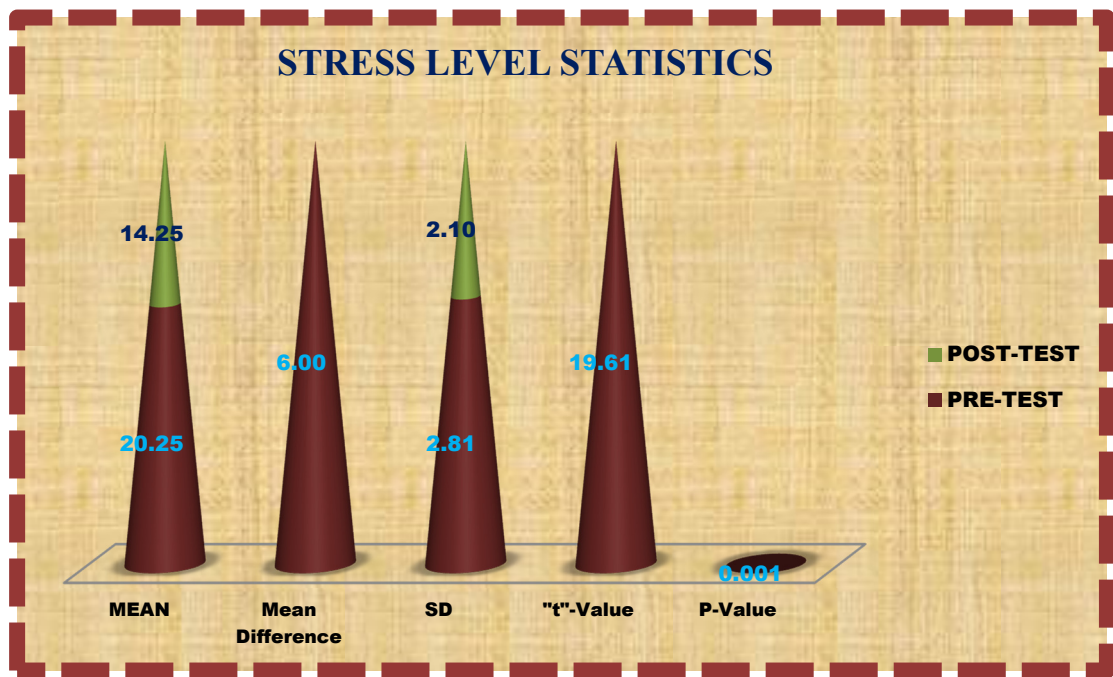


Figure 14: Cone diagram depicts that the effectiveness of guided imagery on stress among spouse of alcoholics

The mean of the pretest and posttest was 20.25 and 14.25 and standard deviation of the pretest and posttest was 2.81 and 2.10 respectively. The mean difference was 6.00. The paired “t” test value was 19.61. P value was 0.001. It was significant at 5% level of significance.

TABLE-4: COMPARISON OF MEAN STRESS SCORE

n=40				
	Number of spouse	Mean \pm SD	Mean difference	Student's paired t-test
Pre test	40	20.25 \pm 2.81	6.00	t=19.61 P=0.001***
Post test	40	14.25 \pm 2.10		significant

*** Significant at 0.001

The above table 4 depicts the comparison of mean stress score between pretest and posttest. The pretest mean stress score was 20.25 with a standard deviation 2.81, whereas the posttest mean stress score was 14.25 with a standard deviation 2.10. Mean difference is 6.00.

The student paired 't' was done to find out the difference between the pretest and post test score, 't' 19.61 was greater than the table value which was significant at 0.001 level. This shows that the difference in the score was due to the intervention (Guided Imagery) and also this proves that the guided imagery was effective in reducing the stress score among spouse of alcoholics whose husbands were admitted for de-addiction therapy at de-addiction ward.

COMPARISON OF MEAN STRESS SCORE

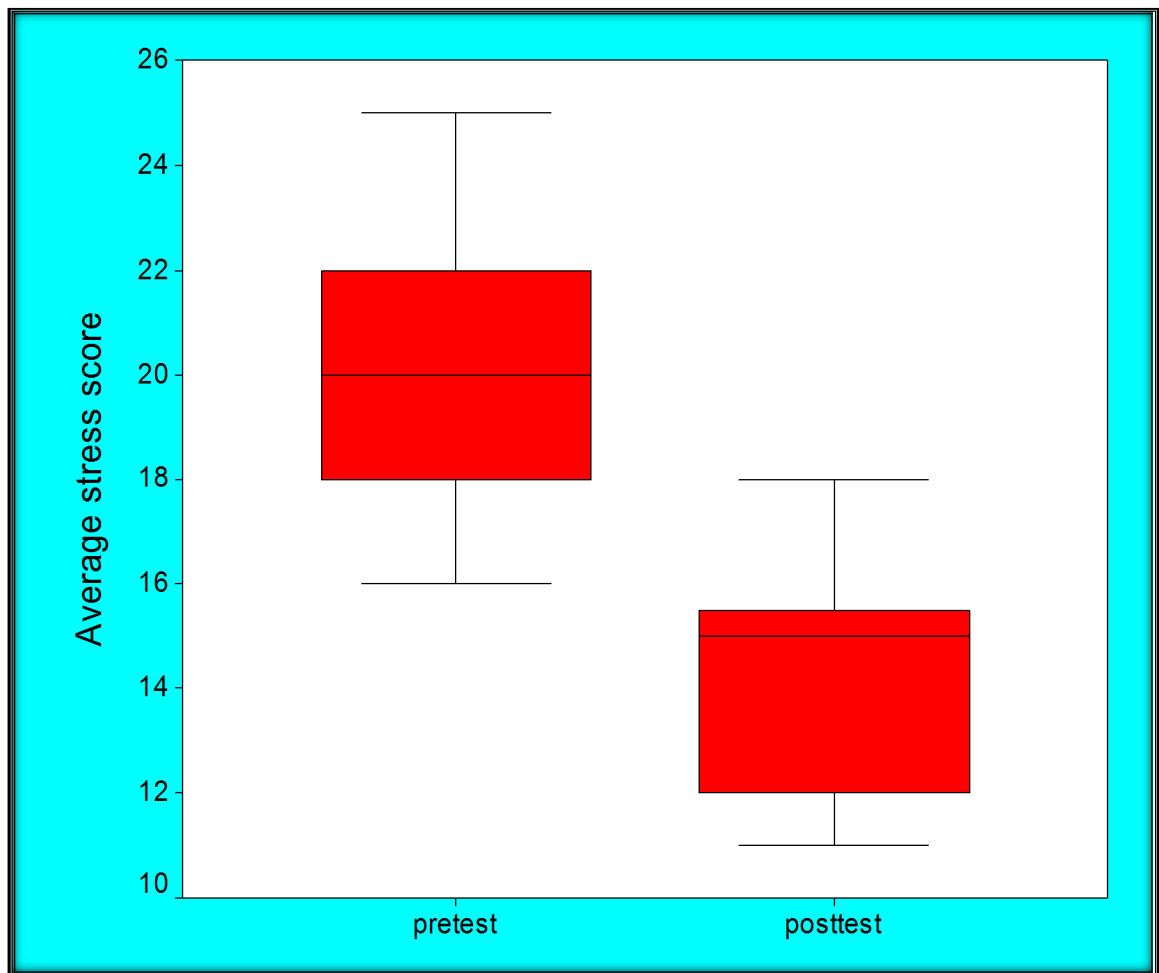


Figure 15: Box-plot diagram portrays the mean pretest and post test score among spouse of alcoholics. The pretest mean score was 20.25 with a standard deviation 2.81, whereas the posttest mean score was 14.25 with a standard deviation 2.10. Mean difference is 6.00.

TABLE-5: COMPARISON OF STRESS REDUCTION SCORE

n=40

	Maximum score	Mean knowledge score	Mean Difference in stress reduction with 95% Confidence interval	Percentage of stress reduction with 95% Confidence interval
Pre test	42	20.25	6.00(5.38 – 6.62)	↓14.2% (12.8% –15.7%)
Post test	42	14.25		

Table 5 describes the effectiveness of guided imagery on stress among spouse of alcoholics at de-addiction ward.

On an average, after receiving guided imaginary, spouse of alcoholics stress was reduced 14.2% than pretest score. Differences between pretest and posttest score was analyzed using proportion with 95% Confidence interval and mean difference with 95% Confidence interval. This 14.2% reduction score shows that effect of guided imagery on stress among spouse of alcoholics.

SECTION IV

**TABLE-6: ASSOCIATION BETWEEN POST TEST LEVEL OF STRESS
AMONG SPOUSE OF ALCOHOLICS AND THEIR SELECTED SOCIO
DEMOGRAPHIC VARIABLE**

n=40

SOCIO DEMOGRAPHIC VARIABLES		Post-Test Level of Stress				Total	χ^2
		Normal		Mild			
		f	%	f	%		
Age	20 -30 yrs	4	23.5%	13	76.5%	17	$\chi^2=6.04$ P=0.05*
	31 -40 yrs	11	52.3%	10	48.7%	21	
	41 -50 yrs	2	100.0%	0	50.0%	2	
Place of Domicile	Urban	9	39.1%	14	60.9%	23	$\chi^2=0.25$ P=0.61
	Rural	8	47.1%	9	52.9%	17	
Religion	Hindu	13	38.2%	21	61.8%	34	$\chi^2=3.05$ P=0.21
	Christian	2	100.0%	-	-	2	
	Muslim	2	50.0%	2	50.0%	4	
Education	No formal education	3	50.0%	3	50.0%	6	$\chi^2=1.989$ P=0.73
	Primary	7	46.7%	8	53.3%	15	
	High School	2	22.2%	7	77.8%	9	
	Higher secondary	2	50.0%	2	50.0%	4	
	Graduate and above	3	50.0%	3	50.0%	6	
Occupation	Coolie	1	50.0%	1	50.0%	2	$\chi^2=0.17$ P=0.98
	Self employment	5	38.5%	8	61.5%	13	
	Private employee	5	45.5%	6	54.5%	11	
	House wife	6	42.9%	8	57.1%	14	

Total Income of Family	<Rs 2000	1	100.0%	0	0.0%	1	$\chi^2=12.18$ P=0.02*
	Rs 2001 - Rs 3000	10	66.7%	5	33.3%	15	
	Rs 3001-4000	2	66.7%	1	33.3%	3	
	Rs 4001-5000	3	37.5%	5	62.5%	8	
	> Rs.5000	1	7.7%	12	92.3%	13	
Type of Family	Nuclear family	10	32.2%	21	67.8%	31	$\chi^2=5.91$ P=0.02*
	Joint family	7	77.8%	2	22.2%	9	
No of Children	No child	2	50.0%	2	50.0%	4	$\chi^2=2.48$ P=0.47
	One child	1	100.0%	-	-	1	
	Two children	11	36.7%	19	63.3%	30	
	Three and above	3	60.0%	2	40.0%	5	
Duration of consumption of Alcohol, of their Husband	< 5 yrs	3	60.0%	2	40.0%	5	$\chi^2=1.62$ P=0.80
	6 - 10 yrs	3	37.5%	5	62.5%	8	
	11-15 yrs	3	37.5%	5	62.5%	8	
	16-20 yrs	2	28.6%	5	71.4%	7	
	> 20 yrs	6	50.0%	6	50.0%	12	
Hobbies	Hearing music	-	-	1	100.0%	1	$\chi^2=2.40$ P=0.66
	Watching TV	10	47.6%	11	52.4%	21	
	Gardening	3	60.0%	2	40.0%	5	
	Reading books	3	33.3%	6	66.7%	9	
	Others	1	25.0%	3	75.0%	4	

* Significant at 0.05% level

Table 6 manifests the association between the post stress score of spouse of alcoholics and their selected socio demographic variables. Chi-square analysis revealed that, there was an association between the posttest stress score and age, total income of the family and type of family. All other variables were not significantly associated among the spouse of alcoholics with their post test score.

TABLE-7: ASSOCIATION BETWEEN LEVEL OF STRESS REDUCTION SCORE AMONG SPOUSE OF ALCOHOLICS AND THEIR SELECTED SOCIO DEMOGRAPHIC VARIABLES

n=40

SOCIO DEMOGRAPHIC VARIABLES		Level of stress reduction				Total	χ^2
		Below		Above			
		average(≤ 6.0)		average(> 6.0)			
		f	%	f	%		
Age	20 -30 yrs	12	70.5%	5	29.5%	17	$\chi^2=6.07$ P=0.05*
	31 -40 yrs	8	38.1%	13	61.9%	21	
	41 -50 yrs	0	0.0%	2	100.0%	2	
Place of Domicile	Urban	12	52.2%	11	47.8%	23	$\chi^2=0.10$ P=0.74
	Rural	8	47.1%	9	52.9%	17	
Religion	Hindu	18	52.9%	16	47.1%	34	$\chi^2=1.11$ P=0.57
	Christian	1	50.0%	1	50.0%	2	
	Muslim	1	25.0%	3	75.0%	4	
Education	No formal education	2	33.3%	4	66.7%	6	$\chi^2=1.84$ P=0.76
	Primary	8	53.3%	7	46.7%	15	
	High School	4	44.4%	5	55.6%	9	
	Higher secondary	3	75.0%	1	25.0%	4	
	Graduate and above	3	50.0%	3	50.0%	6	
Occupation	Coolie	1	50.0%	1	50.0%	2	$\chi^2=5.70$ P=0.12
	Self employment	3	23.1%	10	76.9%	13	
	Private employee	7	63.6%	4	36.4%	11	
	House wife	9	64.3%	5	35.7%	14	

Total Income of Family	<Rs 2000	1	100.0%	0	0.0%	1	$\chi^2=13.46$ P=0.01**
	Rs 2001 - Rs 3000	12	80.0%	3	20.0%	15	
	Rs 3001-4000	2	66.7%	1	33.3%	3	
	Rs 4001-5000	3	37.5%	5	62.5%	8	
	> Rs.5000	2	46.2%	11	53.8%	13	
Type of Family	Nuclear family	19	61.2%	12	38.8%	31	$\chi^2=7.03$ P=0.01**
	Joint family	1	11.1%	8	88.9%	9	
Number of Children	No child	2	50.0%	2	50.0%	4	$\chi^2=2.93$ P=0.40
	One child	1	100.0%	-	-	1	
	Two children	16	53.3%	14	46.7%	30	
	Three and above	1	20.0%	4	80.0%	5	
Duration of consumption of alcohol, of their husband	< 5 yrs	2	40.0%	3	60.0%	5	$\chi^2=0.34$ P=0.98
	6 - 10 yrs	4	50.0%	4	50.0%	8	
	11-15 yrs	4	50.0%	4	50.0%	8	
	16-20 yrs	4	57.1%	3	42.9%	7	
	> 20 yrs	6	50.0%	6	50.0%	12	
Hobbies	Hearing music	1	100.0%	-	-	1	$\chi^2=3.48$ P=0.42
	Watching TV	10	47.6%	11	52.4%	21	
	Gardening	1	20.0%	4	80.0%	5	
	Reading books	6	66.7%	3	33.3%	9	
	Others	2	50.0%	2	50.0%	4	

Table 7 explains the association between level of stress reduction score among spouse of alcoholics with their selected socio demographic variables. Chi- square analysis revealed that there was association between the level of stress reduction score and age (41-50 years), total income of family (>Rs.5000), and type of family (joint family) were benefited more than others. Statistical significance was calculated using chi square analysis.

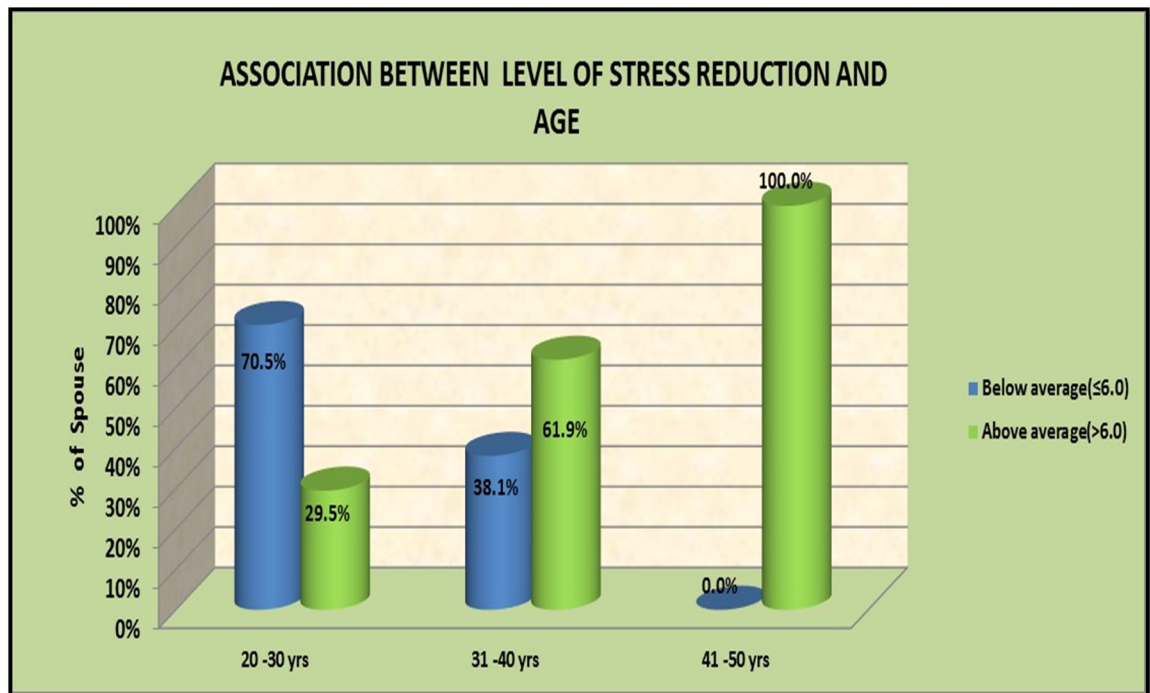


Figure.16: Multiple cylinder diagram showing the association between the level of stress reduction and age of the spouse of alcoholics.

The above figure depicts the association between level of stress reduction among spouse of alcoholics with their selected socio demographic variables. According to age of spouse of alcoholics, the age group of 41-50 years were reduced more stress than other age groups.

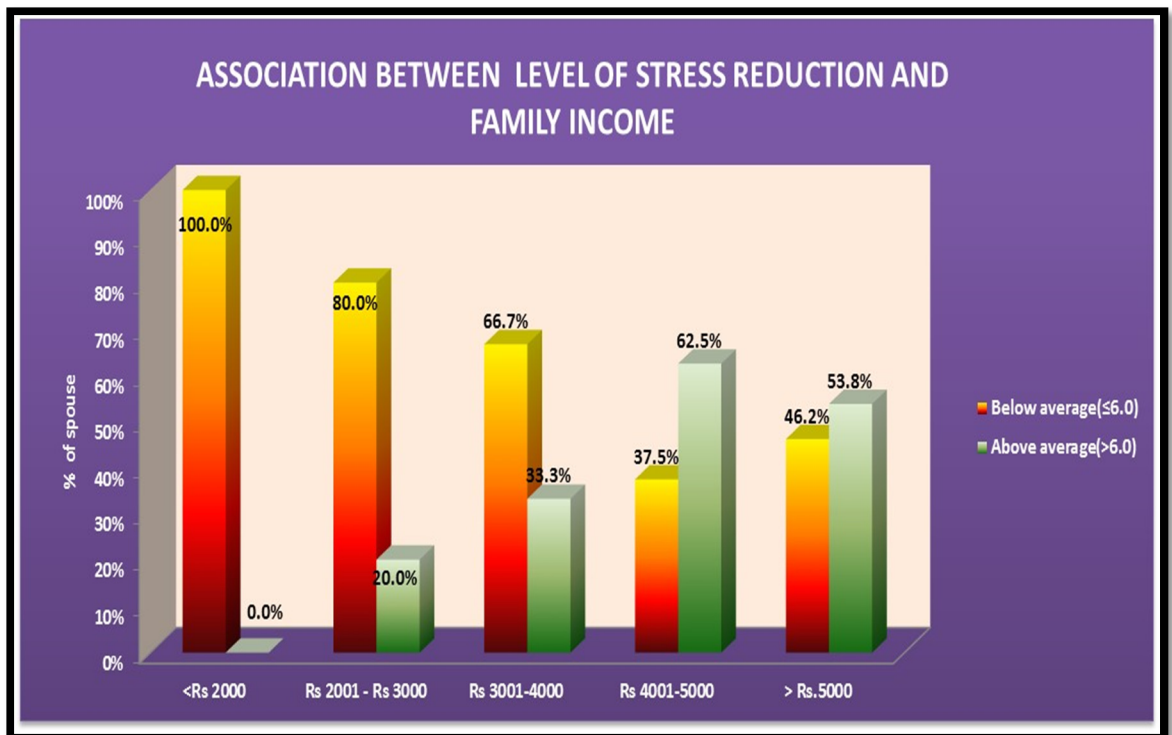


Figure.17: Multiple bar diagram showing association between the level of stress reduction and monthly family income among the spouse of alcoholics.

The above figure depicts the association between level of stress reduction among spouse of alcoholics with their selected socio demographic variables. According to the total income of the family, the more income > Rs.5000 were reduced more stress than other earnings.

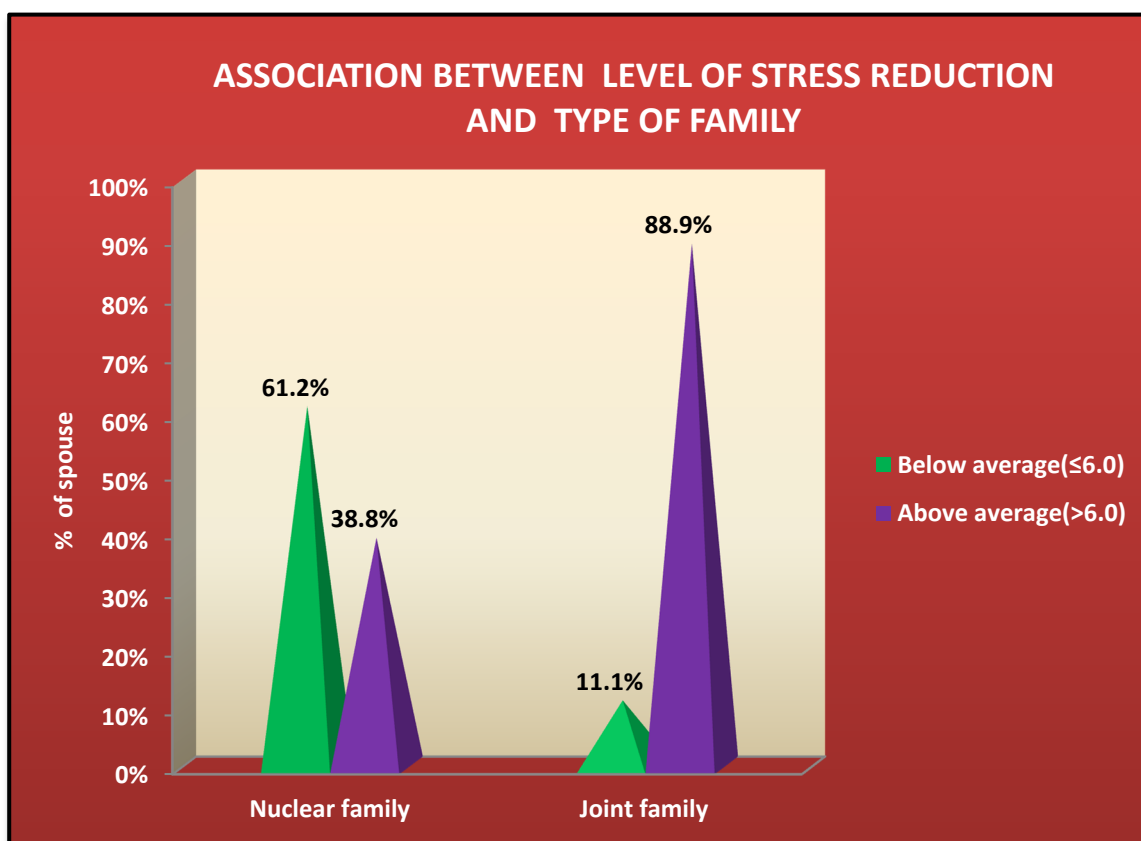


Figure.18: Pyramid diagram showing association between the level of stress reduction and type of family among the spouse of alcoholics.

The above figure depicts the association between level of stress reduction among spouse of alcoholics with their selected socio demographic variables. According to type of family among the spouse of alcoholics, the joint family were reduced more stress than nuclear family.

Discussion

CHAPTER V

DISCUSSION

This chapter discussed about the result of the study interpreted from the statistical analysis. Guided imagery is a form in which distracting thoughts and feelings were not ignored but instead acknowledged and observed nonjudgmentally as they arise in order to detach from them and gain insight and awareness. Guided imagery were useful in the treatment of pain, stress, anxiety, depressive relapse, disordered eating, and addiction among others. Guided imagery has been investigated for its potential benefit for individuals who do not experience these disorders, as well, with positive results. It is a very useful in relieving stress in various situations.

Guided imagery improves the immune system and alters activation symmetries in the prefrontal cortex, a change previously associated with an increase in positive affect and a faster recovery from a negative experience due to stress.

The effort of this study was to evaluate the effectiveness of guided imagery on stress among spouse of alcoholics admitted at De-addiction ward in Government Rajaji hospital, Madurai. 40 samples were selected by consecutive sampling technique. The stress levels of subjects were assessed with standardized DASS stress scale.

5.1 DESCRIPTION OF SPOUSE OF ALCOHOLICS AND THEIR SELECTED SOCIO DEMOGRAPHIC VARIABLES:

It is interesting to note that while mentioning about the age group of the spouse of alcoholics, majority of the subjects 23 (38.3%) of the spouse of alcoholics were in

the age group of 31-40 years, 17 (42.5%) of the spouse of alcoholics were in the age group 20-30 years, 2(5.0%) of the spouse were in the age group 41-50 years.

While stating the nature of residential area, majority of the spouse of alcoholics 23(57.5%) were hailed from urban area and 17(42.5%) were hailed from rural area.

Regarding of religion, most of the subjects 34(85.0%) were belonged to Hindu religion, 4(10.0%) were belonged to Muslim and 2(5%) were belonged to Christian.

With respect to the educational status, majority of the subjects 15(37.5%) have studied up to primary education, 9(22.5%) have studied up to high school, 6(15.0%) had no formal education, 6(15.0%) have studied up to graduate and above level and 4(10.0%) have studied up to higher secondary.

While mentioning occupation, majority of the subjects 14(35.0%) were house wife, 13(32.5%) were self-employed, 11(27.5%) were working in private concern and 2(5.0%) were working as coolie.

Analysis of the total income of the family, majority of the subject's monthly income 15(37.5%) were earning between Rs.2001-3000, 13(32.5%) were earning more than Rs.5001, 8(20.0%) were earning between Rs.4001-5000, 3(7.5%) were earning between Rs.3001-4000 and 1(2.5%) were earning was less than Rs.2000/-.

It is interesting to note that while mentioning type of family among the spouse of alcoholics, majority of them 31(77.0%) were living in the nuclear family, and least 9(23%) were living in joint family.

While stating the number of children, majority of the subjects, 30(75.00%) were having two children and 5(12.5%) were having three and above, 4(10.0%) were having no child and 1(2.5%) were having only one child.

When considering duration of alcoholism of their husbands, 12(30.0%) of subject's husband were consuming alcohol more than 20 years of period, 8 (20.0%) were consuming alcohol 11-15 years, 8(20.0%) were consuming alcohol 6-10 years of period, 7(17.5%) were consuming alcohol 16-20 years, and 5(12.5%) were consuming alcohol less than 5 years.

Regarding hobbies, majority of subjects 21(52.5%) were watching television, 9(22.5%) were reading books, 5(12.5%) were gardening, 4(10.0%) were others and the least 1(2.5%) were hearing music.

5.2 DISCUSSION OF THE STUDY BASED ON ITS OBJECTIVES:

The first objective of the study was to assess the level of stress among spouse of alcoholics at De-addiction ward in Government Rajaji Hospital, Madurai.

DASS stress scale was used in this study to assess the level of stress among spouse of alcoholics admitted at De-addiction ward in Government Rajaji Hospital, Madurai. In the Pre-test, majority of the subjects 26(65%) had moderate stress, 14(35.0%) had mild stress. This study revealed that spouse of alcoholics have higher level of stress. The present study findings was supported by a study done by, Birchler.G conducted a study at S.S.L. Hospital of B.H.U to investigate one hundred spouses of alcoholics (experimental group) whose husbands were taking treatment at de addiction center of S.S.L. hospital , Presumptive stressful life event scale (PSLES) was used to assess the stressful life events and stress of spouse of alcoholics. This scale is based on

Holmes and Rahe's Social Readjustment Rating Schedule. 73.0 % wives of alcoholics were facing physical abuse while spouse of non-alcoholics were facing only 17 %. Different types of emotional problems present were 89 % in alcoholic's spouse, while 32% present in spouse of non-alcoholic. Spouse of alcoholics had 68.0% financial problem whereas only 35% spouse of non-alcoholics were facing financial problem. This study brings to light on vulnerability of psychosocial stresses among wives of alcoholics. There is need for sustained and committed efforts to remove alcohol abuse as well as screening for spouse psychosocial Stress.

It was also supported a study conducted at de-addiction center, NIMHANS on stress among spouse of alcohol dependence. Data was collected from 75 wives of alcohol dependent individually by using dass stress scale. The findings of the study revealed that the mean scores of psychological distress were significantly high among the spouse of alcoholics ($M=17.46$, $SD=6.09$).

The second objective of the study was to evaluate the effectiveness of guided imagery on stress among spouse of alcoholics at de-Addiction ward, in Government Rajaji Hospital, Madurai.

In the Pre-test, majority of the subjects 26(65.0%) had moderate stress, 14(35.0%) had mild stress. In the post test, 17(42.5 %) were in normal stress, 23(57.5%) were in the mild stress, whereas no persons in severe and extreme stress.

The mean pretest was 20.25 and mean posttest was 14.25 respectively with a standard deviation of the pretest was 2.81 and posttest standard deviation was 2.10. The mean difference is 6.00.

The student paired 't' test was done to find out the difference between pre-test and post test score. The paired 't' test value 19.61 was greater than table value (3.55) which was significant at 0.001 level.

Difference between the pretest and posttest was analyzed using proportion with 95% confidence interval and mean difference with 95% confidence interval. This difference shows the effect of guided imagery on stress among spouse of alcoholics.

This finding of the study was consistent with a study done by, Fernandez, which is an experimental study to evaluate the effect of Guided imagery relaxation techniques, among the 74 spouses of alcoholics admitted in community centres of NY, US who were randomly assigned to an experimental or control group. The Perceived stress scale was used to assess the stress level. The findings reveal that there was a significant change in the level of stress among the caregivers (mean -0.15 , SD 0.40 and mean -0.06 , SD 0.26 , respectively) and also concluded that Guided imagery relaxation techniques may be useful for spouses of alcoholics on stress.

It was also supported by the Helena Hansson's a randomized controlled study at Lund university, Sweden to assess the mental stress and effective intervention among the spouse of alcoholics, in 2007. The participants were 125 wives of alcoholics admitted in selected de-addiction rehabilitation. Depression, anxiety, stress scale was used to assess the stress level of the spouse of alcoholics. Guided Imagery technique was given to the spouse of alcoholics. The study results revealed that majority of the spouse of alcoholics [$F(21,11)=1.05, p>.05$] benefitted with the guided imagery technique to handle their life stress.

It was also supported by James and Goldman's, quasi experimental study to assess the ways of coping among the 200 wives of alcoholics who were staying with their husbands at residential substance abuse treatment facility in Charleston Center Clinic. With the use of convenient sampling technique and Depression, Anxiety, Stress Scale (DASS) the samples were assessed for the level of stress. Guided Imagery technique and intellectual life skill training was given to the spouse of alcoholics. The study results ($r(148) = .17$, $p = .07$) revealed that there is a significant relationship between Guided imagery and intellectual life skill training and the stress reduction among the spouse of alcoholics.

Hence the stated hypothesis H1: There is a significant difference between the level of stress among spouse of alcoholics before and after guided imagery was accepted.

The third Objective of the study was to associate the level of stress among spouse of alcoholics with their selected socio demographic variables.

Chi square analysis was calculated to determine the association between the selected socio demographic variables and the level of stress among the spouse of alcoholics.

Table 6 portrays the association between posttest level of stress and selected socio demographic variables among spouse of alcoholics. Chi-square analysis revealed that there was a significant association between posttest level of stress and age ($\chi^2 = 6.04$), total income of family ($\chi^2 = 12.18$) and type of family ($\chi^2 = 5.91$) among spouse of alcoholics in de addiction ward.

There was no significant association between the posttest level of stress and the other socio demographic variables such as, place of domicile, religion, education, occupation, number of children, duration of consumption of alcohol of their husband and hobbies.

Table 7 explains the association between level of stress reduction score among spouse of alcoholics with their selected socio demographic variables. Chi- square analysis revealed that there was association between the level of stress reduction score and age (41-50 years), total income of family (>Rs.5000), and type of family (joint family) were benefited more than others.

It was supported by Dell, Samuel's, pre-experimental study to assess the level of stress and to evaluate the effectiveness of guided imagery among spouses of alcoholics. The participants were 136 wives of alcoholics admitted in selected de-addiction centers of Kolkata, WB. Perceived Stress scale was used to assess the stress level of the spouse of alcoholics before starting the intervention. Guided Imagery technique was given to the spouse of alcoholics for a period of one week. The study results revealed that majority of the spouse of alcoholics [$F(21,11)=1.05, p>.05$] benefitted with the guided imagery technique to handle their life stress. The findings suggested that guided imagery was effective in reducing stress and the stress scores were associated with their socio demographic variables.

Hence the stated hypothesis H2: There is a significant association between the level of stress among the spouse of alcoholics with their selected socio demographic variables was accepted.

*Summary,
Implications,
Conclusion and
Recommendations*

CHAPTER – VI

SUMMARY, IMPLICATIONS, RECOMMENDATIONS AND CONCLUSION

This chapter narrates the summary of the study and conclusion drawn. It also clarifies the limitations of the study and the implications for different areas like nursing education, nursing service administration, nursing practice, nursing research. It provides the recommendations made based on the study.

6.1 SUMMARY OF THE STUDY

The present study was undertaken to evaluate the effectiveness of guided imagery on stress among spouse of alcoholics at de-addiction ward in Government Rajaji Hospital, Madurai. The study carried out the following objectives.

Objectives of the study were

- The first objective of the study was to assess the level of stress among spouse of alcoholics at de-addiction ward in Government Rajaji Hospital, Madurai.
- The second objective of the study was to evaluate the effectiveness of Guided imagery on stress among spouse of alcoholics at de-addiction ward in Government Rajaji Hospital, Madurai.
- The third objective of the study was to associate the level of stress among spouse of alcoholics with their selected socio demographic variables.

The following Hypotheses were tested

H1: There is a significant difference between the level of stress among the spouse of alcoholics before and after guided imagery.

H2: There is a significant association between the level of stress among the spouse of alcoholics with their selected socio demographic variables.

The study assumption were

- Spouses of alcoholics may experience a varying level of stress.
- Guided imagery may not induce any adverse reactions to the spouse of alcoholics.
- Spouse of alcoholics in stress were willing to participate and learn stress management and relaxation technique.

The conceptual model of this study was based on Modified Roy's adaptation model. The study was conducted by using one group pretest, posttest design at de addiction ward in Government Rajaji Hospital, Madurai. The populations of the study were spouse of alcoholics whose husbands were on de addiction treatment at Government Rajaji Hospital, Madurai, with mild to moderate level of stress. Consecutive sampling technique was used to select the sample. The study consisted of 40 spouse of alcoholics with mild to moderate level of stress. A pilot study was conducted on 10 of the non study subjects at Government Rajaji Hospital to find out the feasibility and practicability for conducting the study. After testing the validity and reliability, the tool was used for data collection. The participants of the pilot study were excluded from the main study. Data gathered were analyzed by using both descriptive and inferential statistics.

6.2 MAJOR FINDINGS OF THE STUDY

- Majority of the spouse of alcoholics 21(52.5%) were in the age group of 31-40 years, 17(42.5%) were in the age group of 20-30 years and 2(5.0%) were in the age group of 41-50 years.
- When comparing the nature of residential area, majority of the spouse of alcoholics 23(57.5%) were hailed from urban area, and 17(42.5%) were hailed from rural area.
- Most of the subjects 34(85.0%) were belonged to Hindu religion, 4(10.0%) were belonged to Muslim and 2(5%) were belonged to Christian.
- Regarding educational status, majority of the subjects 15(37.5%) have studied up to primary education, 9(22.5%) have studied up to high school, 6(15.0%) had no formal education, 6(15.0%) have studied up to graduate and above level and 4(10.0%) have studied up to higher secondary.
- While discussing occupation, majority of the subjects 14(35.0%) were house wife, 13(32.5%) were self-employed, 11(27.5%) were working in Private concern and 2(5.0%) were working as coolie.
- When comparing the income of the family, majority of the subject's monthly income 15(37.5%) were earning between Rs2001-3000, 13(32.5%) were earning more than Rs.5001, 8(20.0%) were earning between Rs4001-5000, 3(7.5%) were earning between Rs.3001-4000 and 1(2.5%) were earning was less than Rs2000/-.
- Regarding type of family, majority of them 31(77.0%) were living in the nuclear family and least 9(23%) were living in joint family.

- When comparing number of children, majority of the subjects, 30(75.00%) were having two children, and 5(12.5%) were having three and above, 4(10.0%) were having no child, 1(2.5%) were having only one child.
- Regarding duration of consumption of alcohol, majority of subject's husband 12(30.0%) were consuming alcohol more than 20 years of period, 8(20.0%) were consuming alcohol 11-15 years, 8(20.0%) were consuming alcohol 6-10 years of period, 7(17.5%) were consuming alcohol 16-20 years and 5(12.5%) were consuming alcohol less than 5 years.
- Regarding hobbies, majority of subjects 21(52.5%) were watching television, 9(22.5%) were reading books, 5(12.5%) were gardening, 4(10.0%) were others and the least 1(2.5%) were hearing music.
- In the Pretest, majority of spouse of alcoholics 26(65.0%) were moderate level of stress and 14(35.0%) were in mild level of stress, whereas in the Post test, after receiving guided imagery intervention, 23(57.5%) of spouse of alcoholics were in the mild stress, 17(42.5 %) were in normal stress, and none of them were in moderate, severe and extreme stress.
- The mean pretest and posttest stress score was 20.25 and 14.25 respectively and standard deviation was 2.81 and 2.10. The mean difference was 6.00. The paired "t" test value was 19.61 which was greater than the table value (3.35), which was significant at 0.001, there was a significant difference between the pretest and posttest stress level, this difference might be due to the intervention of guided imagery also this difference was purely by chance and not by choice. Hence it was inferred that Guided imagery was effective on reducing the stress levels among the spouse of alcoholics.

- The association between selected socio demographic variables and posttest level of stress were calculated by χ^2 at 0.05 level of significance. It described that there was a significant association between posttest level of stress and age ($\chi^2 = 6.04$), total income of family ($\chi^2 = 12.18$) and type of family ($\chi^2 = 5.91$) among spouse of alcoholics at de addiction ward in Government Rajaji Hospital, Madurai.
- There was no significant association between the posttest level of stress and the other socio demographic variables such as place of domicile, religion, education, occupation, number of children, duration of consumption of alcohol of their husband and hobbies among spouse of alcoholics in de addiction ward.
- Guided imagery was effective in reducing the stress levels among the spouse of alcoholics at de addiction ward in Government Rajaji Hospital, Madurai.

6.3. CONCLUSION

The study findings brought out the following conclusion.

- There was a significant difference between mean pretest and mean posttest stress scores among spouse of alcoholics, at de addiction ward at $P < (0.001)$ level of significance.
- There was a significant association between posttest level of stress and age, total income of family, and type of family among spouse of alcoholics at de addiction ward.
- There was no significant association between the post-test level of stress and the other socio demographic variables such as place of domicile, religion, education, occupation, number of children, duration of consumption of alcohol of their husband and hobbies at $P < 0.05$ level of significance.

The study concluded that spouse of alcoholics had stress. The daily intervention with guided imagery for 20 minutes among spouse of alcoholics had shown statistically significant difference in pretest and posttest level of stress. Thus guided imagery was effective in terms of reducing the level of stress among the spouse of alcoholics at de addiction ward. It indicated that guided imagery can be used to all groups of spouse of alcoholics in terms of improving their happy life. Guided imagery interventions are cost effective, non-invasive, non-pharmacological free from side effects and highly feasible. The researcher concluded that it can be used as an effective intervention to reduce the stress and to improve the life status among spouse of alcoholics.

6.4. IMPLICATIONS FOR NURSING:

This study has its implications in various areas such as

- Nursing Practice
- Nursing Education
- Nursing Administration
- Nursing Research

NURSING PRACTICE

- Nurses can intervene to alter the physical and psychological discomfort of spouse of alcoholics by strengthening the coping mechanism by which stress level may be reduced among spouse of alcoholics.
- It helps the nurse to understand the effectiveness of teaching spouse of alcoholics about guided imagery and the findings of the study clearly points out that reduction in stress will improve the feeling of wellbeing, self-worth among spouse of alcoholics in de addiction ward.

- This study finding will create awareness among the nurses about the importance of guided imagery and its uses in reducing stress. This will help them to prevent various stress related illnesses.
- It will help the nursing personnel to be in the best position to impart health education to the people in the de-addiction ward or in any community set up which strengthens the community psychiatry.
- Supportive interventions such as diversion therapy, relaxation technique, meditation can be taught by the nurses to the spouse of alcoholic which is a cost effective treatment method.

Practicing nurses need to identify

- Spouse of alcoholics who pose a greater risk to have stress due to psycho socio causes and require greater reinforcement regarding stress management, which can be achieved by guided imagery intervention.
- Educate the spouse of alcoholics about the benefits of guided imagery and encourage them to practice those complementary therapies.

NURSING EDUCATION

- The study of body and mind relationship is vital component of mental health nursing. The concepts of guided imagery and other Complementary and Alternative Therapies were already included in the nursing curriculum but the focus can be extended to practical training and exposure.
- Nurse educator can impose the routine utilization of DASS stress scale for care givers in psychiatric ward by the nursing students.
- It is also helpful to the student nurses to lead a stress free life by enhancing stress management through practicing guided imagery.

NURSING ADMINISTRATION

- Nurse administrators can encourage nursing staff to make important contribution to the prevention of stress by practicing complementary and alternative therapies like guided imagery thereby reducing stress level.
- Nurse administrators can plan various complementary and alternative therapies in the hospital and community to place emphasis on the stress management.
- Continuing nursing education and in-service education can be planned by nurse administrators which will aid in formulating protocols in impacting the theory into practice.
- Appropriate and feasible organizational intervention like health education, domiciliary care services and mental health promotion activities will provide greater outcome.

NURSING RESEARCH

- Extensive research must be conducted in this area to identify several effective methods of therapies.
- There is plenty of scope for research in the field of stress among spouse of alcoholics.
- Research studies on stress among spouse of alcoholics can help to identify the existing knowledge gap in nursing practice and nursing education and to fill in existing gaps.
- This study can be baseline for future studies to build upon and motivate other investigators to conduct further studies in spouse of alcoholics.
- This study also brings about the fact that more studies need to be done at different settings, which are culturally acceptable, using various therapies.

6.5 RECOMMENDATIONS

- Similar study can be replicated with a large sample size and in different settings
- A similar study can be conducted by having a control group to observe the value other complementary therapy.
- A comparative study can be conducted to evaluate the effectiveness of guided imagery with other complementary therapies and among other population such as spouse of chronic illnesses such as Cerebrovascular accidents, cancer, psychotic and neurotic patients.
- A similar study can be conducted by using a qualitative approach (Phenomenological) on feelings of spouse of alcoholics.

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Appendices

APPENDIX- I

LETTER SEEKING PERMISSION TO CONDUCT STUDY

From

Divyabala.S
II year MSc (N) student,
College of Nursing,
Madurai Medical College,
Madurai.

To

The Professor & Head of the Department,
Department of psychiatry
Madurai Medical College,
Madurai.

Through the Principal. college of Nursing, Madurai Medical college, Madurai.
Respected Sir,

Sub: Requesting permission to conduct a Dissertation study at
De-addiction ward, GRH, Madurai--regarding

As per the Curriculum recommended by the Indian Nursing Council and The
Tamilnadu Dr MGR Medical University requirement, all the M.Sc Nursing students are required
to conduct a dissertation study for the partial fulfilment of the course.

I have selected a study topic "A Study to Assess the Effectiveness of Guided
Imagery on stress among spouse of alcoholics at de-addiction ward in Government Rajaji
Hospital Madurai" for my dissertation.

Hence I request you to consider my letter and permit me to conduct the pilot study in
your esteemed institution. [1-8-14] to [9-8-14]

Thanking you,

Yours obediently,

Divyabala.S.
(DIVYABALA.S)

Madurai

Forwarded
S.P. 1
30/7/14
Principal
COLLEGE OF NURSING
Madurai Medical College
Madurai-20.

Permitted
(forwarded)
Dr. T. Kumaran
(Dr. T. Kumaran
MO. DPM)

SENIOR CIVIL SURGEON
GOVT. RAJAJI HOSPITAL
MADURAI

APPENDIX- II

ETHICAL COMMITTEE APPROVAL LETTER

Ref. No. 68/E4/2/2014,

Govt. Rajaji Hospital,
Madurai.20. Dated: 21.02.2014

Institutional Review Board / Independent Ethics Committee.

Capt. Dr.B. Santhakumar, M.D., (F.M.), deanmdu@gmail.com

Dean, Madurai Medical College &

Govt Rajaji Hospital, Madurai 625020. Convenor

Sub: Establishment-Govt. Rajaji Hospital, Madurai-20-
Ethics committee-Meeting Minutes- for February 2014
Approved list - Regarding.

The Ethics Committee meeting of the Govt. Rajaji Hospital, Madurai was held on 07.02.2014, Friday at 10.00 am to 12.00.noon at the Anaesthesia Seminar Hall, Govt. Rajaji Hospital, Madurai. The following members of the committee have attended the meeting.

- | | | |
|--|---|---------------------|
| 1. Dr.V. Nagarajan, M.D., D.M (Neuro)
Ph: 0452-2629629
Cell.No 9843052029
nag9999@gmail.com | Professor of Neurology
(Retired)
D.No.72, Vakkil New Street,
Simmakkal, Madurai -1 | Chairman |
| 2. Dr.Mohan Prasad , M.S M.Ch
Cell.No.9843050822 (Oncology)
drbkcmp@gmail.com | Professor & H.O.D of Surgical
Oncology(Retired)
D.No.32, West Avani Moola Street,
Madurai -1 | Member
Secretary |
| 3. Dr. Parameswari M.D (Pharmacology)
Cell.No.9994026056
drparameswari@yahoo.com | Director of Pharmacology
Madurai Medical College | Member |
| 4. Dr.S. Vadivel Murugan, MD.,
(Gen.Medicine)
Cell.No 9566543048
svadivelmurugan_2007@rediffmail.com | Professor & H.O.D of Medicine
Madurai Medical College | Member |
| 5. Dr.S. Meenakshi Sundaram, MS
(Gen.Surgery)
Cell.No 9842138031
drsundarms@gmail.com | Professor & H.O.D of Surgery
Madurai Medical College | Member |
| 6. Mrs. Mercy Immaculate
Rubalatha, M.A., Med.,
Cell. No. 9367792650
lathadevadoss86@gmail.com | 50/5, Corporation Officer's
quarters, Gandhi Museum Road,
Thamukam, Madurai-20 | Member |
| 7. Thiru..Pala. .Ramasamy , BA.,B.L.,
Cell.No 9842165127
palaramasamy2011@gmail.com | Advocate,
D.No.72.Palam Station Road,
Sellur, Madurai -2 | Member |
| 8. Thiru. P.K.M. Chelliah ,B.A
Cell.No 9894349599
pkmandco@gmail.com | Businessman, 21 Jawahar Street,
Gandhi Nagar, Madurai-20 | Member |

The following Projects was approved by the committee.

Name of P.G.	Course	Name of the Project	Remarks
S. Divyabala	M.Sc., (Nursing) College of Nursing, Madurai Medical College, Madurai.	A study to assess the Effectiveness of Guided imagery on stress among spouse of alcoholics at de-addiction ward in Government Rajaji Hospital, Madurai.	Approved

Please note that the investigator should adhere the following: She/He should get a detailed informed consent from the patients/participants and maintain it Confidentially.

1. She/He should carry out the work without detrimental to regular activities as well as without extra expenditure to the institution or to Government.

2. She/He should inform the institution Ethical Committee, in case of any change of study procedure, site and investigation or guide.

3. She/He should not deviate the area of the work for which applied for Ethical clearance.

She/He should inform the IEC immediately, in case of any adverse events or Serious adverse reactions.

4. She/He should abide to the rules and regulations of the institution.

5. She/He should complete the work within the specific period and if any

Extension of time is required He/She should apply for permission again and do the work.

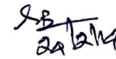
6. She/He should submit the summary of the work to the Ethical Committee on Completion of the work.

7. She/He should not claim any funds from the institution while doing the work or on completion.

8. She/He should understand that the members of IEC have the right to monitor the work with prior intimation.


Member Secretary Chairman
Ethical Committee


26.1.14
DEAN/Convenor
Govt. Rajaji Hospital,
Madurai- 20.


29.12.14

To
The above Applicant
-thru. Head of the Department concerned

APPENDIX-III

CONTENT VALIDITY CERTIFICATE

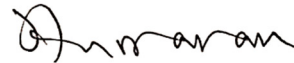
CERTIFICATE OF VALIDATION

This is to certify that the tool

SECTION A- Demographic Data

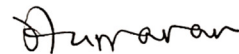
SECTION B- DASS Stress scale

Prepared for data collection by Divyabala.S, II year M.sc (N) student, College of Nursing, Madurai Medical College, Madurai, who has undertaken the study field on thesis entitled **“EFFECTIVENESS OF GUIDED IMAGERY ON STRESS AMONG SPOUSE OF ALCOHOLICS AT DE-ADDICTION WARD IN GOVERNMENT RAJAJI HOSPITAL MADURAI”** has been validated by me.



SIGNATURE OF THE EXPERT

NAME:



DESIGNATION: Dr. T. KUMANAN, M.D.(PSY).DPM
Reg. No. 42857
Professor of Psychiatry / Senior Civil Surgeon
Madurai Medical College / Govt. Rajaji Hospital
Madurai

DATE:

18.7.2014

CERTIFICATE OF VALIDATION

This is to certify that the tool

SECTION A- Demographic Data

SECTION B- DASS Stress scale

Prepared for data collection by Divyabala.S, II year M.sc (N) student, College of Nursing, Madurai Medical College, Madurai, who has undertaken the study field on thesis entitled **"EFFECTIVENESS OF GUIDED IMAGERY ON STRESS AMONG SPOUSE OF ALCOHOLICS AT DE-ADDICTION WARD IN GOVERNMENT RAJAJI HOSPITAL MADURAI"** has been validated by me.



SIGNATURE OF THE EXPERT

NAME: N. SURESH KUMAR

DESIGNATION: Asst. Prof. Cum
Clinical psychologist

DATE: 30/6/2014

N. SURESH KUMAR. M.A., M.Phil.
Asst. Prof. Cum Clinical Psychologist
Dept. of Psychiatry
Madurai Medical College
Madurai-20.

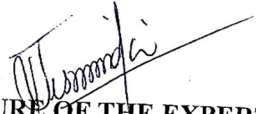
CERTIFICATE OF VALIDATION

This is to certify that the tool

SECTION A- Demographic Data

SECTION B- DASS Stress scale

Prepared for data collection by Divyabala.S, II year M.sc (N) student, College of Nursing, Madurai Medical College, Madurai, who has undertaken the study field on thesis entitled **"EFFECTIVENESS OF GUIDED IMAGERY ON STRESS AMONG SPOUSE OF ALCOHOLICS AT DE-ADDICTION WARD IN GOVERNMENT RAJAJI HOSPITAL MADURAI"** has been validated by me.


SIGNATURE OF THE EXPERT

NAME: V. Jesinda Vedanayagi

DESIGNATION: Asso. Professor

DATE: 1/8/14

CERTIFICATE OF VALIDATION

This is to certify that the tool

SECTION A- Demographic Data

SECTION B- DASS Stress scale

Prepared for data collection by Divyabala.S, II year M.sc (N) student, College of Nursing, Madurai Medical College, Madurai, who has undertaken the study field on thesis entitled **"EFFECTIVENESS OF GUIDED IMAGERY ON STRESS AMONG SPOUSE OF ALCOHOLICS AT DE-ADDICTION WARD IN GOVERNMENT RAJAJI HOSPITAL MADURAI"** has been validated by me.

R. Janey

SIGNATURE OF THE EXPERT

NAME: *R. Janey Rachel Daisy*

DESIGNATION: *Associate professor
C.S.T. Jeyaraj Annapackiam
College of Nursing.*

DATE: *Pasumalai, Madurai
25.7.14.*

CERTIFICATE OF VALIDATION

This is to certify that the tool

SECTION A- Demographic Data

SECTION B- DASS Stress scale

Prepared for data collection by Divyabala.S, II year M.sc (N) student, College of Nursing, Madurai Medical College, Madurai, who has undertaken the study field on thesis entitled **“EFFECTIVENESS OF GUIDED IMAGERY ON STRESS AMONG SPOUSE OF ALCOHOLICS AT DE-ADDICTION WARD IN GOVERNMENT RAJAJI HOSPITAL MADURAI”** has been validated by me.

G. Gomathy
SIGNATURE OF THE EXPERT

NAME: *G. Gomathy*

DESIGNATION: *Assist Prof*

DATE: *27.7.14*

APPENDIX-IV

INFORMED CONSENT FORM

ஓப்புதல் அறிக்கை

பெயர்:

நாள்:

எனக்கு இந்த செவிலிய ஆய்வினைப் பற்றிய முழு விவரம் விளக்கமாக எடுத்துரைக்கப்பட்டது. இந்த ஆய்வில் பங்குகொள்வதில் உள்ள நன்மைகள் மற்றும் தீமைகள் பற்றி முழுமையாக புரிந்துகொண்டேன். இந்த ஆய்வில் தானாக முன் வந்து பங்குபெறுகிறேன். மேலும் எனக்கு இந்த ஆய்விலிருந்து எந்த சமயத்திலும் விலகிக் கொள்ள முழு அனுமதி வழங்கப்பட்டுள்ளது. என்னுடைய பெயர் மற்றும் அடையாளங்கள் ரகசியமாக வைத்துக்கொள்ளப்படும் என்றும் எனக்கு உறுதியளிக்கப்பட்டுள்ளது.

கையொப்பம்

APPENDIX V

RESEARCH TOOL-ENGLISH

SECTION A

SOCIO DEMOGRAPHIC VARIABLES

1. AGE

- a) 20yrs to 30 yrs
- b) 31 yrs to 40 yrs
- c) 41 yrs to 50 yrs
- d) 50 yrs to 60 yrs

2. PLACE OF DOMICILE

- a) Urban
- b) Rural
- c) suburban

3. RELIGION

- a) Hindu
- b) Christian
- c) Muslim
- d) Others

4. EDUCATION

- a) No formal education
- b) Primary education
- c) High school education
- d) Higher secondary
- e) Graduate and above

5. OCCUPATION

- a) Coolie
- b) Government employee
- c) Self employment
- d) Private employee

e) House wife

6. TOTAL INCOME OF FAMILY

- a) < Rs 2000 per month
- b) Rs 2001 - Rs 3000 per month
- c) Rs 3001-4000 per month
- d) Rs 4001-5000 per month
- e) > 5000 Rs per month

7. TYPE OF FAMILY

- a) Nuclear family
- b) Joint family
- c) Extended family

8. NUMBER OF CHILDREN

- a) No child
- b) One child
- c) Two children
- d) Three and above

9. DURATION OF CONSUMPTION OF ALCOHOL OF THEIR HUSBAND

- a) Less than 5 yrs
- b) 6yrs - 10 yrs
- c) 11-15 yrs
- d) 16-20 yrs
- e) 21 yrs and above

10. HOBBIES

- a) Hearing music
- b) Watching TV
- c) Gardening
- d) Reading books
- e) Others

SECTION B
DASS STRESS SCALE
QUESTIONNAIRE

The Rating scale is as follows:

0 ----- Did not apply to me at all

1 ----- Applied to me to some degree, or some of the time

2 ----- Applied to me to a considerable degree, or a good part of time

3 ----- Applied to me very much, or most of the time

1. I found myself getting upset by quite trivial things	0	1	2	3
2. I tended to over-react to situations	0	1	2	3
3. I found it difficult to relax	0	1	2	3
4. I found myself getting upset rather easily	0	1	2	3
5. I felt that I was using a lot of nervous energy	0	1	2	3
6. I found myself getting impatient when I was delayed in any way (e.g., lifts, traffic lights, being kept waiting)	0	1	2	3
7. I felt that I was rather touchy	0	1	2	3
8. I found it hard to wind down	0	1	2	3
9. I found that I was very irritable	0	1	2	3

10. I found it hard to calm down after something upset me	0	1	2	3
11. I found it difficult to tolerate interruptions to what I was doing.	0	1	2	3
12. I was in a state of nervous tension.	0	1	2	3
13. I was intolerant of anything that kept me from getting on with one what I was doing.	0	1	2	3
14. I found myself getting agitated.	0	1	2	3

APPENDIX VI

RESEARCH TOOL-TAMIL

பிரிவு-அ

சமூக குடியியல் குறிப்பு

1) வயது

☐

அ) 20-30 வரை

ஆ) 31-40 வரை

இ) 41-50 வரை

ஈ) > 50

2) இருப்பிடம்

☐

அ) நகரம்

ஆ) கிராமம்

இ) புற நகரம்

3) மதம்

☐

அ) இந்து

ஆ) கிறிஸ்தவர்

இ) முஸ்லிம்

ஈ) பிற மதம்

4) கல்வித்தகுதி

☐

அ) படிக்காதவர்

ஆ) ஆரம்பக்கல்வி (1-5 ம் வகுப்பு)

இ) உயர் நிலைக்கல்வி

ஈ) மேல்நிலைக்கல்வி

உ) பட்டப்படிப்பு மற்றும் அதற்கு மேல்

5) தொழில்

☐

அ) தனியார் ஊழியர்

ஆ) அரசு ஊழியர்

இ) கூலித்தொழில்

ஈ) சுயதொழில்

உ) குடும்ப நிர்வாகி

6) குடும்ப மாத வருமானம்

☐

அ) < ரூ2000

ஆ) ரூ2001-ரூ3000 வரை

இ) ரூ3001-4000 வரை

ஈ) ரூ4001-5000 வரை

உ) > ரூ5000

7) குடும்பத்தின் தன்மை

☐

அ) தனிக்குடும்பம்

ஆ) கூட்டுக்குடும்பம்

இ) விரிவாக்கப்பட்ட குடும்பம்

8) குழந்தைகளின் எண்ணிக்கை

☐

அ) குழந்தை இல்லாதவர்

ஆ) ஒரு குழந்தை

இ) இரு குழந்தைகள்

ஈ) மூன்று குழந்தைகள் மற்றும் அதற்கு மேல்

9) குடிப்பழக்கம் எத்தனை ஆண்டுகளாக உள்ளது

☐

அ) 5 வருடங்களுக்குள்ளாக

ஆ) 6 --- 10 வருடம்

இ) 11 – 15 வருடம்

ஈ) 16 – 20 வருடம்

உ) 21 வருடம் மற்றும் அதற்கு மேலாக

10) |À¡ØÐ\$À¡¡ கு



அ) |p'' ° \$, Ò¼Ø

ஆ) |¾¡'' Ä¡ ,¡ Ò°À¡ ÷Ò¾Ø

இ) \$¾¡ Ò¼ \$Å'' Ä | °Ò¾Ø

ஈ) ÒÒ¾, ò ÀÊÒ¾Ø

உ) ÁüÊ'' Å

பிரிவு—ஆ

மன அழுத்த அளவுகோல்

1. தயவுசெய்து ஒவ்வொரு வாக்குமூலத்தையும் நன்கு படித்து அது தங்களுக்கு எவ்வாறு பொருந்தியுள்ளது என்பதை எண் 0,1,2 அல்லது 3 வட்டமிடவும்.
2. சரியான அல்லது தவறான பதில்கள் ஏதும் இல்லை.

அளவுகோலின் விளக்கம்:

- 0 - எனக்கு பொருந்தவில்லை
- 1 - எனக்கு ஓரளவு (அல்லது) சில நேரம் பொருந்தியது
- 2 - எனக்கு கணிசமான அளவு (அல்லது) அதிக நேரம் பொருந்தியது
- 3 - எனக்கு பெருமளவு நேரம் பொருந்தியது

1.	சிறு விசயத்திற்கு கூட அதிக மன உளைச்சல் அடைகிறேன்.	0	1	2	3
2.	நான் சூழ்நிலை தேவைகளுக்கு அதிகமாக செயல்படுகிறேன்	0	1	2	3
3.	நான் அமைதி கொள்வதில் சிரமத்தை அறிந்தேன்	0	1	2	3
4.	நான் சுலபமாக மன உளைச்சலுக்கு ஆளாகியிருக்கிறேன்	0	1	2	3
5.	நான் அதிக அளவு மன அளவிலான சக்தியை செலவழிப்பதாக உணர்கிறேன்	0	1	2	3
6.	அன்றாட வாழ்க்கை நிகழ்வுகளில் காலதாமதமானால் என் பொறுமையை இழக்கிறேன்	0	1	2	3
7.	நான் எளிதில் உணர்ச்சி வசப்படுவதாக நினைக்கிறேன்	0	1	2	3
8.	நான் பயத்திலிருந்து விடுபடுவதில் சிரமத்தை அறிந்தேன்	0	1	2	3
9.	நான் மிகவும் எரிச்சல் (கோபம்) அடைவதாக உணர்கிறேன்	0	1	2	3
10.	மன அமைதிக்குறைவு நிகழ்வுக்கு பின் அதிலிருந்து மீள்வதில் மிகவும் சிரமப்படுகிறேன்	0	1	2	3

11.	எனது செயல்பாடுகளில் குறுக்கீடுகளை கடினமாக உணர்கிறேன்	0	1	2	3
12.	நான் பதட்டமாக இருப்பதாக உணர்ந்தேன்	0	1	2	3
13.	என்னுடைய செயலுக்கு இடையூறு ஏற்படுத்தும் எதையும் என்னால் பொறுத்துக்கொள்ளமுடியவில்லை.	0	1	2	3
14.	என் மனம் அமைதியற்ற நிலையில் இருப்பதை அறிந்தேன்	0	1	2	3

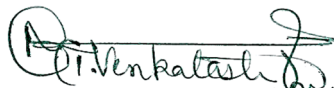
APPENDIX-VII

ENGLISH EDITING CERTIFICATE

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the dissertation "A Study to Assess the Effectiveness of Guided Imagery on stress among spouse of alcoholics admitted at de-addiction ward in Government Rajaji Hospital Madurai" done by Ms.Divyabala.S, M.Sc., Nursing II year student, College of Nursing, Madurai Medical College, Madurai - 20 has been edited for English language appropriateness.

Name: T. VENKATESH,


Signature 26.07.14

Designation: Graduate Teacher (English)

T. VENKATESH B.A., B.Ed., M.Phil., D.A.Cad
English Graduate Teacher
Muthalamman Hindu High School
Vadapudupatty, Annanji Post
Periyakulam Tk., Theni Dt-625 531

Institution: Muthalamman Hindu High School,
Vadapudupatty, Annanji po,
Periyakulam Tk., Theni Dt.
PIN: 625 531

APPENDIX-VIII

TAMIL EDITING CERTIFICATE

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the dissertation "A Study to Assess the Effectiveness of Guided Imagery on stress among spouse of alcoholics admitted at de-addiction ward in Government Rajaji Hospital Madurai" done by Ms.Divyabala.S, M.Sc., Nursing II year student, College of Nursing, Madurai Medical College, Madurai - 20 has been edited for Tamil language appropriateness.

Name: Tmt. M. SARATHA

Designation: Head Mistress [Tamil]

Institution: Govt High School.
T. Kallipatti (P.O)
Periyakulam (T.K)
Theni (Dt)
Pin. 625605

Signature
28.7.14

HEAD MASTER
GOVT. HIGH SCHOOL
T. KALLIPATTY - 625 601
THENI DIST

APPENDIX-IX

INTERVENTION-GUIDED IMAGERY

Adjustments are always needed since our environment is constantly changing. Thus, it affects both the emotional and physical aspects of each person, creating either negative or positive feelings. This can result in stress.

Stress is a part of everyday life since time immemorial. It can create feelings of rejection, distrust, depression, and anger which can result in health problems such as an upset stomach, headaches, insomnia, rashes, heart disease, stroke, ulcers, and high blood pressure. People can experience stress during a job promotion, a new relationship, child birth, death of a person close to them or any number of everyday experiences.

Stress can hinder or help people depending on their reactions to the circumstances of life. Learning to manage stress can benefit you Stress Relief Mindful Wellness Guided Imagery mentally and physically. To avoid stress build ups, you might try Guided Imagery. Besides it being enjoyable to do, you can obtain an immediate calming effect.

Guided imagery is a **stress management technique**, where you use your imagination to picture a person, place, or time that makes you feel relaxed, peaceful and happy. Imagery is slightly different from other stress management techniques, in that it relies on the use of all of your senses.

For instance, in your imagination you hear the sound of birds chirping, you see the drops of dew on the grass, you feel the breeze on your skin, you smell the

wildflowers, and you taste the cold drink. In imagery, using all of your senses is what creates such a powerfully relaxing experience, and this is why it's so useful in managing stress and coping with difficult situations.

There are several other ways that you can use imagery to help you relax. For example, you could create mental pictures of stress flowing out of your body, or of your problems, your distractions, and your everyday concerns being folded away and stashed in a padlocked chest.

As well as these examples, many other studies have successfully used imagery to lower stress in patients suffering from post-traumatic stress syndrome, abuse, depression, and other conditions, including occupational stress.

Note:

Imagery is similar to **Visualization** , in that you're using your imagination for a specific purpose, however, visualization is more focused on a definite outcome. People use visualization techniques to imagine completing goals or working through a situation with an exact outcome in mind. Both are useful, but guided imagery is more relevant for managing stress.

STEPS IN GUIDED IMAGERY:

STEP-1: Select a calm quiet place. Advise the client to be quiet and sit comfortably. Now the researcher explains about the relaxation technique-deep breathing exercise and encourages the client to do so. If the researcher observes that stress is starting to get to you more, just advise the client to do a couple of deep breathes. Encourage the client to concentrate on their breathing quality. Start by making sure that it's light and still. Then slowly breathe deeper.

STEP-2: The next step is to advise the client to balance their posture and make it even following deep breathing exercise, head up and back straight. Most people who are stressed out often have a slouching posture while frowning.

STEP-3: Encourage the client to clear their thoughts. The researcher now shows the Guided Imagery video, which provoke all the senses and it guide the subjects to imagine themselves.

STEP-4: After the completion of video the researcher ask the client to close their eyes and start imaging along with the melody, soothing voice guidance of the researcher. Researcher use all the senses while taking the client to the imaginary world to make the imagery most effective

Make the client to acknowledge their stress and review its root causes. This is a very important step. Denying stress in the meditation process is not productive. Clearly speak to mind that the stress is true but you have the capacity to handle it by thinking straight and finding ways to deal and cope up with it quickly.

STEP-5: Repeat this statement during your guided imagery process for at least ten min. Then take control of stress totally. Think of the person or situation that caused you such stress and made you feel out of control. Take back the control of your mind and gently remove the stress from it.

STEP-6: Finally, concentrate on the decision that you have the right to a peaceful and free mind and nobody can say or do anything against this right, as you end the guided imagery process with a relaxation technique which explained as in

step 1. . Every time you need guided imagery, just revisit this decision in your mind. These steps can do a lot to change your outlook whenever stress disturbs. Never be afraid to try, just believe in the benefits that it will give you in the end. Guided Imagery is a fabulous way to help you manage your stress. These instructions given to the client at the end following that, Saying Goodbye to Stress with Guided Imagery.

APPENDIX-X

TRAINING CERTIFICATE FOR GUIDED IMAGERY



THE VALLIAMMAL INSTITUTION (TVI)

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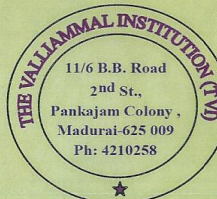
Reg. No. PCC/38/May 14/265

Date: 13/05/14



Certificate Course in Basic Counselling Skills and Guided Imagery

*This is to certify thatDIVYA BALA S..... has
completed our **CERTIFICATE COURSE IN BASIC COUNSELLING
SKILLS AND GUIDED IMAGERY** (24 hrs Part-time Education Programme
designed and offered by experts) by effectively participating in theory &
practical classes and successfully completing all the exercises. She has been
placed in First Class*



S. Jeyaprasam

Prof. Dr. S. Jeyaprasam M.Sc., M.A., M.A., Ph.D.,
Director
Rajarajan Institute of Science (RISE)

Jeyanthi 13/05/14

Dr. B. Ananthavalli M.Sc., M.A., M.Phil., Ph.D.,
Director & Secretary
The Valliammal Institution (TVI)

APPENDIX-XI

PHOTOGRAPHS

Researcher select a calm, quiet comfortable environment



Researcher guide the subject in relaxation technique-deep breathing exercise



Researcher shows guided imagery video to the subjects



**Researcher guide the subject for imagination with the smoothening
voice**



Researcher encourage the client to do breathing exercise at the end of the intervention and ask the client to open the eyes

